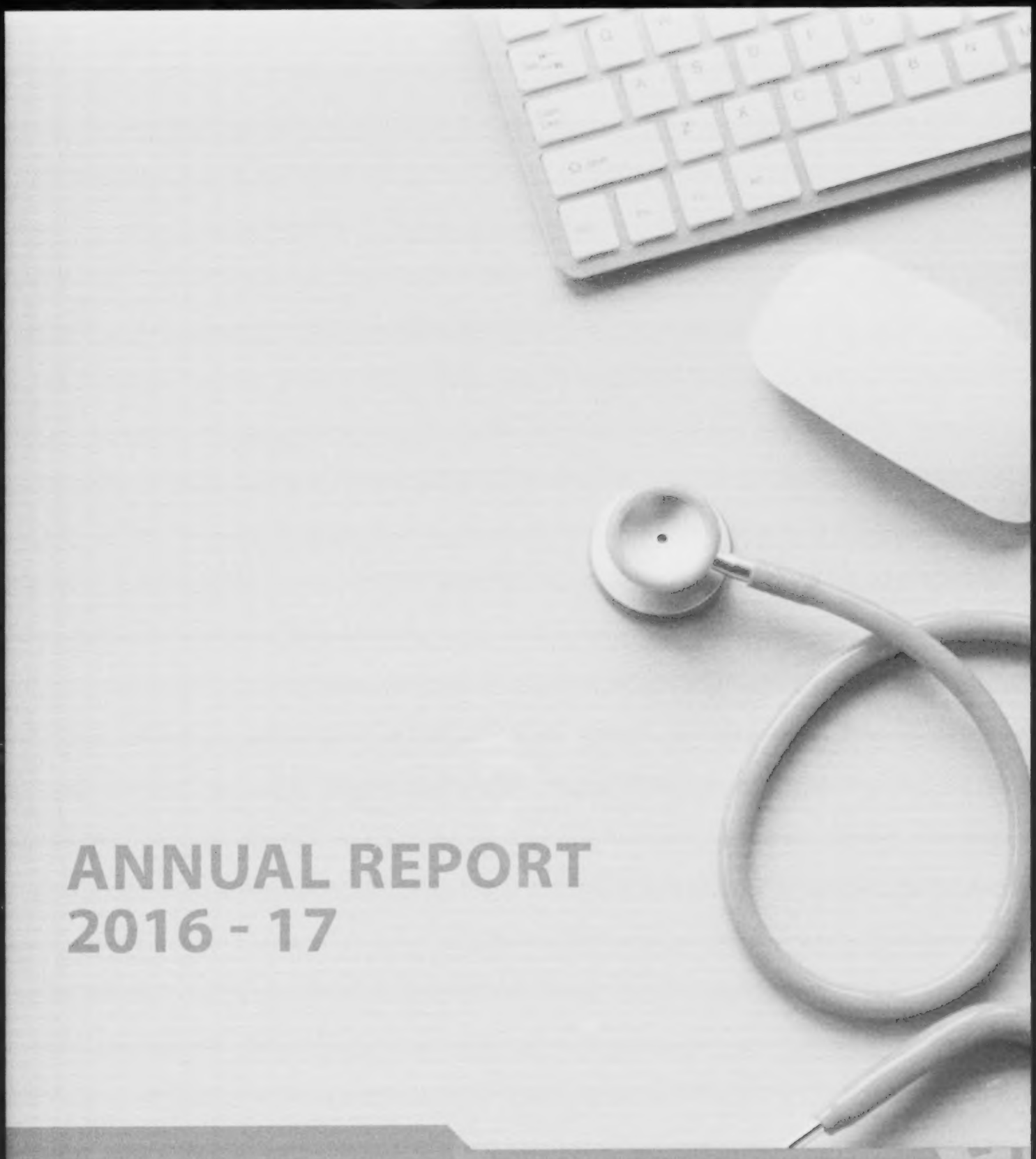

ANNUAL REPORT 2016 - 17

eHealth Saskatchewan

eHealthSask.ca

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LETTER OF TRANSMITTAL

Susan Antosh

Chief Executive Officer
eHealth Saskatchewan

Regina, Saskatchewan

The Honourable Jim Reiter
Minister of Health—as of March 31, 2017

Honourable Jim Reiter:

I have the honour of submitting the Annual Report of eHealth Saskatchewan for the fiscal year ending March 31, 2017. I take responsibility for public accountability seriously and, as CEO, I have made every effort to ensure the accuracy of this report.

Susan Antosh

Susan Antosh
Chief Executive Officer
eHealth Saskatchewan

MESSAGE FROM THE CEO

Susan Antosh

Chief Executive Officer
eHealth Saskatchewan

Empower Patients. Enable Care. That is eHealth's vision and our promise to the people of Saskatchewan. Our vision continues to drive the work we do every day to improve the quality of health care across the province for both patients and health care providers.

The focus of 2016-17 was the sustainability of our services and to foster a culture of innovation. Our employees should be proud of the work they did throughout the year to advance health care programs and services, which directly benefit the people of Saskatchewan.

It was also encouraging to receive more than a thousand ideas from employees to improve quality, cost, delivery, safety and engagement here at eHealth. Their interesting and creative ideas led to many improvements and innovations, big and small, throughout our organization. I would like to take this opportunity to share some of our best moments and highlights from the past year that illustrate our commitment to improving patient care.

We were pleased to have more than 1,100 Saskatchewan people participate in our new Citizen Health Information Portal (CHIP) pilot in 2016. Participants were given quick and easy access to their personal health information through CHIP's secure web service. Even though the pilot officially wrapped up in August 2016, we extended participants' access to CHIP for another year after receiving so much positive feedback about the benefits of the program. Many participants agreed that CHIP enabled them to better manage their health issues and become more aware of their overall health.

This fiscal year ended on a high note for eHealth's Pharmaceutical Information Program (PIP) team. As of March 2017, eHealth had integrated 100 per cent of Saskatchewan pharmacies to PIP, thanks to the dedication of the program team and partners. This integration initiative (CeRx Integration Project) is important for patient safety because it enables pharmacies to view a patient's complete medication profile from within their local system.

2016 was also an impressive year for our Telehealth program—it saw overall patient count grow by 49 per cent. Telehealth allows patients and health care providers to meet from two completely separate areas of the province using live, two-way videoconferencing technology. These virtual meetings have saved patients and families more than six million kilometers of travel. Plus, some Saskatchewan providers are working with the Acute Stroke Pathway to roll out a provincial Telestroke service using Telehealth. Neurologists agree that being able to see and speak directly to a patient helps them assess and treat the severity of stroke, which can significantly improve a patient's health and well-being.

Every month, approximately 200,000 people benefit from the Provincial Electronic Health Record Viewer (eHR Viewer)—a patient record that consolidates patient information from hospitals and community-based clinics from all Regional Health Authorities in Saskatchewan into a single view for providers. More than 7,700 health care providers now have access to the eHR Viewer, including physicians, pharmacists and nurses and eHealth is working to grow that number every day.

eHealth continued to respond to increasing demand from health care providers, system administrators and policy makers for timely access to quality, reliable information and analytics to improve system delivery and patient care. This year's efforts focused on improving access to data and health information through a variety of self-serve analytic reporting tools. Some examples of public reporting tools include covered population numbers and vital events such as baby names, births and deaths. eHealth is working toward developing a provincial analytics space that would ensure greater access to health data in a secure environment.

2016-17 is the third year of a multi-year program to update and modernize eHealth's Data Centres which support the electronic delivery of health care services. This year, we were pleased to complete the migration of all eHealth data centre services into the new facilities. This behind-the-scenes project continues to have patient safety at the forefront. Our updated Data Centres will ensure continued access to critical patient information across the health system, as well as improve disaster recovery for the clinical information services eHealth provides to the health system.

In January 2017, the Advisory Panel on Health System Structure released its report of recommendations—all of which were accepted by government. The report recommended a standardized approach to a range of health system support services, including Information Technology and Information Management (IT/IM) with eHealth as the lead. We have been coordinating with those leading the transition to develop the comprehensive implementation plan for the move to a single Provincial Health Authority.

eHealth has also begun the process of consolidating IT services provided by our partners—Regional Health Authorities (RHAs), Saskatchewan Cancer Agency (SCA) and 3sHealth. This move is not about centralization of services, but rather developing a management structure that reflects a single provincial IT service to better coordinate and support the delivery of health services across the province.

Throughout this transition period, we will continue to work collaboratively with our dedicated partners to not only tackle the challenges ahead, but also exceed expectations. Most importantly, the needs of patients and providers will remain top priorities throughout the change, as we work to make the transition as smooth and seamless as possible in the months and years ahead.

Susan Antosh

Susan Antosh
Chief Executive Officer
eHealth Saskatchewan

MESSAGE FROM THE BOARD CHAIR

Gerald Fiske

Board Chair

Throughout the 2016-17 fiscal year, eHealth Saskatchewan continued to strive for better health, better care, better value and better teams throughout the provincial health care system. Our mission to support improved citizen health experiences by providing useful, safe and secure electronic information and services, drives everything we do.

As our Board of Directors works with eHealth's Executive team to set the strategic direction for each fiscal year, our mission to improve patient care is at the heart of our planning. Our 2016-17 Strategic Plan includes targets and actions that focus on using technology to assist and benefit patients directly, improve their care and get their information to health care providers quicker and easier.

One of our broader targets for the 2016-17 fiscal year was to implement improvements that support sustainability and allow eHealth to provide quality, responsive, safe services. One such improvement that aims to support future sustainability is a pilot program called the Citizen Health Information Portal, or CHIP. More than 1,100 Saskatchewan people were given access to their personal health information from February to August 2016. CHIP was well received by participants who said that having quick and easy access to their personal medical information, including laboratory results, immunization records, prescription and hospital visit history made them feel empowered and more aware of their own health.

The Pharmaceutical Information Program (PIP) is also helping to provide quality, responsive and safe services to pharmacists. Now that all pharmacies are integrated into PIP, eHealth is dedicating significant work to improving the quality and consistency of the data. The PIP Quality Improvement Project (PIP-QIP) dedicates efforts to creating awareness of the importance of accurate and complete data in the community pharmacy systems and, ultimately, PIP. PIP-QIP has made great strides in decreasing data quality issues by providing education to health care professionals and that directly impacts and improves patient care.

Another one of our targets for 2016-17 was to add five sources of data to the eHR Viewer. Throughout the year, eHealth continued to enhance the information available to health care providers, as well as make the Viewer more user-friendly. The additional features added to the Electronic Health Record (EHR) include Medical Imaging information (Radiology Reports) from community-based radiology clinics; clinical documents (transcribed reports) from the provincial transcription system; and expanded sources of synoptic operative reporting.

Having more health information available at the fingertips of health care providers, means better and quicker care for their patients.

2016-17 was marked by changes and challenges in the provincial health care system. eHealth is honoured to be playing a major role in that change. The organization has been tasked with leading the consolidation of Information Technology and Information Management (IT IM) services currently provided by Regional Health Authorities, Saskatchewan Cancer Agency and 3sHealth into a single service. eHealth's Executive, managers and employees are taking the new responsibilities very seriously and are committed to doing everything they can to make the transition as smooth as possible for patients, employees, and our trusted partners.

eHealth's employees, managers and Executives are hard-working, dedicated and committed to improving patient care in Saskatchewan. Their passion makes me proud to Chair eHealth's Board of Directors year after year. I am also pleased to work with so many exceptional board members, many of whom have been diligently serving on the board for the past several years. Their experience, expertise and work ethic has helped the organization set a clear strategic direction, as well as many bold targets that will help move the organization forward. Thank you all for your dedication and commitment to Saskatchewan's health care system.

eHealth's accomplishments have also been supported by their exceptional partners and stakeholders. Thank you for all you do to help eHealth achieve their continuing vision to empower patients and enable care.

Gerald Fiske
Board Chair

2016 - 17
BOARD MEMBERS

Gerald Fiske
Board Chair

Gerald Fiske has a rich history of experience in the Information Technology world, previously serving as Chief Information and Services Officer in the Information Technology Office, Central Services. He has held Senior Executive positions with ISM/IBM and ran his own consulting company for 15 years. Gerald has served on the eHealth Board since 2013. In February 2016, he was reappointed for another three-year term.

David Fan

David Fan is the President and CEO of the Prairie North Health Region. He brings a valuable perspective and input from the Regional Health Authorities. David has served on the eHealth Board for several years and was reappointed for a three-year term in February 2014.

Dr. Milo Fink

Dr. Milo Fink is an Assistant Professor for Rehabilitation Medicine at the University of Saskatchewan. Prior to the establishment of eHealth Saskatchewan, he was President of the Saskatchewan Medical Association. During his term, he helped develop the collaborative co-management of electronic medical records with the Ministry of Health. Dr. Fink has served on the eHealth Board for several years and was reappointed for a three-year term in March 2016.

Scott Livingstone

Scott Livingstone is the President and CEO of the Saskatchewan Cancer Agency and has previously served as CEO of eHealth Saskatchewan. In late January 2017, he was seconded to the Ministry of Health to lead planning and coordination of clinical work streams throughout the IT Transition. He has also worked in the Ministry of Health for several years as Executive Director of the Health Information Solutions Branch (HISC) that became the Treasury Board Crown Corporation, eHealth Saskatchewan. Scott has been on the board since those formative days.

2016 - 17 BOARD MEMBERS

Duane Mombourquette

Duane Mombourquette is the Executive Director of Partnerships and Workforce Planning with the Ministry of Health. Duane has also worked in the Ministry of Justice for many years as the Executive Director/Privacy Officer in the Access and Privacy Branch. He has served on the eHealth Board for several years and was reappointed for a three-year term in February 2016.

Kimberly Kratzig

Kimberly Kratzig is an Assistant Deputy Minister of Health with responsibility for mental health and addictions, community-based services, seniors, population and public health, as well as the Saskatchewan Disease Control Laboratory. She brings to the Board more than 20 years of diverse public sector experience. Kimberly is also a sessional lecturer at the University of Regina. She was appointed to the eHealth Board in December 2014.

Velma Geddes

Velma Geddes is an FCPA, FCA and provides contract consulting services on public sector financial reporting. She has extensive senior financial management/CFO experience in the education and health sectors. Velma was appointed to the eHealth Board in December 2014.

Marian Zerr

Marian Zerr is a Senior Director in Meyers Norris Penny (MNP) Public Sector Services practice. Prior to joining MNP, she served as the Deputy Minister of Social Services and as the Associate Deputy Minister of Executive Council, Government of Saskatchewan. Marian also served in the federal public service for more than 30 years in a variety of capacities that include significant work with First Nations. She was appointed to the eHealth Board in December 2014.

ALIGNMENT WITH GOVERNMENT'S DIRECTION

The provincial government's vision for Saskatchewan is to be the best place in Canada to live, work, start a business, get an education, raise a family and build a life.

This high quality of life would not be attainable without the health and safety of our people. Health care providers, such as doctors, nurses and pharmacists, are relied on every day to give patients the best possible care and help keep everyone healthy.

Frontline professionals, as well as their patients, benefit from the support of corporations like eHealth.

eHealth plays a key role in making important electronic information readily available to health care teams across the province. When doctors and pharmacists can quickly access their patients' important clinical information, such as diagnostic imaging and lab tests, they are able to deliver more timely care and treatment to those patients. eHealth's commitment to improving the quality of health care in the province aligns with the government's vision and goal to secure a better quality of life for all Saskatchewan people.

The 2016-17 annual report supports government's commitment to ensuring greater transparency and accountability to the people of Saskatchewan. eHealth is committed to working with government year-round to help make Saskatchewan the best place in the country to receive the highest quality health care.

GOVERNMENT OF SASKATCHEWAN'S VISION

"To be the best place in Canada – to live, to work, to start a business, to get an education, to raise a family and to build a life."

GOVERNMENT'S GOALS

Sustaining growth and opportunities for Saskatchewan people.
Meeting the challenges of growth.
Securing a better quality of life for all Saskatchewan people.
Delivering responsive and responsible government.

KEY ROLES OF eHEALTH SASKATCHEWAN

1. To lead Saskatchewan's electronic health record (EHR) planning and strategy.
2. To procure, implement, own, operate and manage the Saskatchewan EHR, including the associated provincial components and infrastructure to facilitate improved health provider and patient access and use of electronic health information.
3. To procure, implement, own, operate and manage other health information technology, such as hospital and radiology systems.
4. To deliver an electronic health record for Saskatchewan citizens.
5. To establish the provincial eHealth information and technology standards necessary to access the Saskatchewan EHR and the associated provincial components and infrastructure.
6. To provide data stewardship for the EHR and, where appropriate, of health information systems, including the following:
    - To administer the rules for EHR data collection, use and disclosure
    - To establish and administer provincial standards to protect the quality, confidentiality and security of EHR data
    - To protect EHR data as a strategic resource
7. To act as trustee and information manager for the Saskatchewan EHR databases and services.
8. To facilitate improved health provider and patient access and use of electronic health information, thus enhancing the delivery of health care services in the province.
9. To work and cooperate with regional health authorities, other health care organizations, providers, other organizations providing related services as agents, contractors or partners in health information systems and the public in the development and delivery of the Saskatchewan EHR and other health information systems.
10. To pursue consistent funding for the Saskatchewan EHR, and other health information systems, from all available sources, including Canada Health Infoway and to be accountable for the spending of such funds.
11. To manage and operate Health Registries, Vital Statistics Registry, Change of Name Registry and all associated services.

VISION

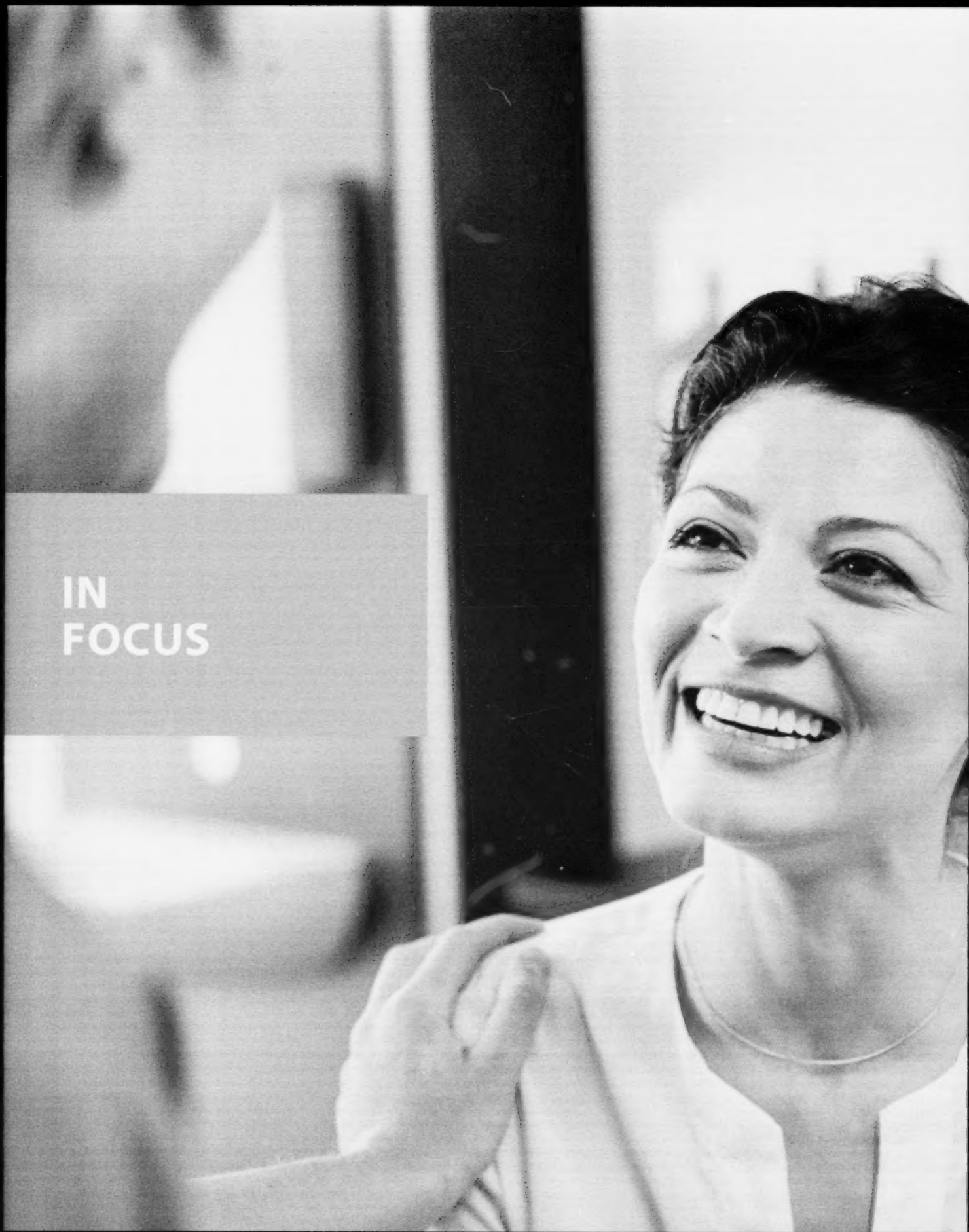
Empowering Patients. Enabling Care.

MISSION

Supporting improved citizen health experiences by providing useful, safe and secure electronic information and services.

VALUES

Respect, Engagement, Excellence, Transparency, Accountability.


IN
FOCUS

EMERGENCY MEDICAL SERVICES PILOTS iPAD USE TO IMPROVE PATIENT CARE

Twitter Virtual Ride-Along Gives Behind-the-Scenes Look at the eHR Viewer in Action

It's the morning of February 7, 2017. The time is 06:45 at the Regina Qu'Appelle Health Region's Emergency Medical Services (EMS) headquarters in Regina. Chris Fay, an Advanced Care Paramedic, completes a routine inventory check of the shift's ambulance.

Part of that routine includes going through a variety of small and large kits. Each kit holds specialized medications, supplies and equipment that are ready for use at a moment's notice. For EMS, being "ready for anything" isn't just a saying, it's part of the job. It's also what Chris and his team members continuously train for and practice.

One item stands apart from the rest of the plastic bags, vials and life-preserving machines. It's an iPad mini, complete with a built-in cellular connection to maximize portability.

For the past six months, the iPads have been a new addition to the Regina EMS team, which includes Chris and three other team members. The iPads are part of an exciting pilot project between eHealth Saskatchewan (eHealth) and the Saskatchewan College of Paramedics (SCoP).

"When I was approached to give the iPad a try as part of delivering patient care, I was pretty excited," recalls Chris. "Our profession is always looking for new and better ways to improve care, so this seemed like the perfect fit."

Chris Fay holds iPad mini used to access patient information contained in eHR Viewer.

#eHRViewerLive: Live-Tweeting eHR Viewer in Action

The time now reads 07:00. Chris and his team gather for their regular morning meeting. Chris finds out that he will be on Medic 3, the call sign for his ambulance.

The team is soon briefed on a temporary change in routine, at least for the next 12 hours.

The change? Chris and his partner learn they will be joined by a member of eHealth's team, who will be live-tweeting the day's activities using #eHRViewerLive.

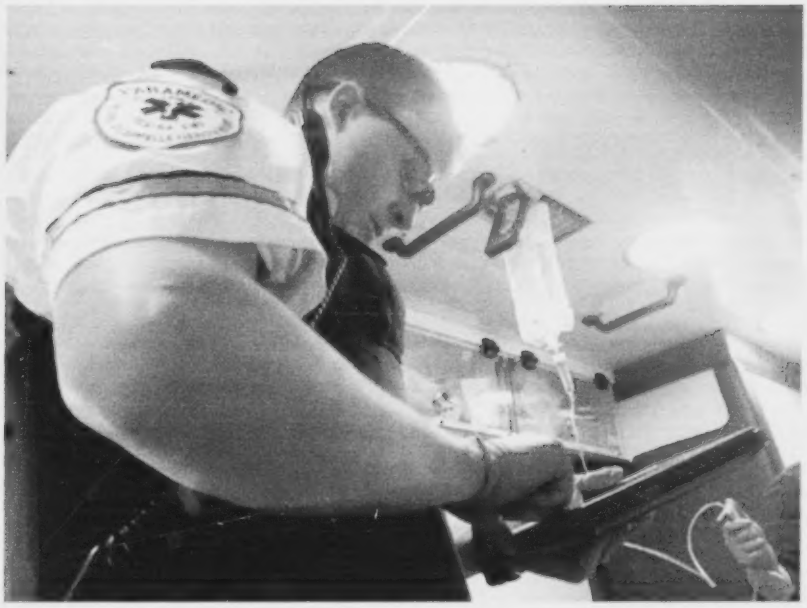
Taking to Twitter to send out live tweets throughout the day is part of the eHR Viewer virtual ride-along, organized in partnership with eHealth and the Regina Qu'Appelle Health Region.

Medic 3's first call comes in from dispatch over the radio just a few moments later. The team then heads out on their first call.

"When we arrived on-scene, the patient wasn't able to provide health card information," recalls Chris. "The eHR Viewer allowed me to access the patient's record at the tap of a finger using their first and last name."

Continued on Next Page

IN FOCUS



The next call came in shortly after. Dispatch reported a patient who was not alert.

"Our next call was an interesting circumstance," Chris said. "The patient could not remember what medications they were taking. Because I was able to lookup their prescription history in the eHR Viewer, it allowed me to integrate that information into my patient care plan – and better inform the patient and family about what was going on."

Chris also used the time to access the patient's latest laboratory test results.

"I was able to see right away, in bold red text, that the patient's blood clotting results were high," recalls Chris. "This was very important, as the family was considering transporting the patient to their family physician. Because we could see this lab result, it allowed us to inform the family that we needed to transport the patient to the emergency department for treatment."

The team responded to a total of five calls throughout the day. During this shift, Chris was able to use the eHR Viewer on an iPad to access his patients' health information either on-scene during transport, or when at the emergency department.

The virtual ride-along gave people from across Saskatchewan, and Canada, a behind-the-scenes look at how digital health can be used during emergencies. The day's tweets engaged users not only in Canada, but around the world.

Twitter Canada boosted the ride along event by sending out a tweet promoting the Regina Leader Post's article highlighting the day's activities. The very next morning, Moments Canada shared the ride-along recap and featured it as part of Twitter's popular news page for several hours.

What's Next for the Pilot

The SCoP, in partnership with eHealth, will use stories like this, and many more, as part of the pilot's final report.

Access the #eHRViewerLive recap on Twitter Moments by visiting: www.twitter.com/eHealthSask/moments.

TRANSITIONING TO A SINGLE PROVINCIAL HEALTH AUTHORITY

On August 18, 2016, the Government of Saskatchewan announced that the provincial health care system was under review by a newly appointed Advisory Panel.

The Advisory Panel was created to provide advice on the future structure of the health system.

In January 2017, the Panel released their report, which recommended one Provincial Health Authority. One health authority would support a standardized approach to a range of health system support services, including Information Technology, procurement, supply chain, human resource management, financial services, payroll services and health provider recruitment.

eHealth was asked to take a leadership role in consolidating all Information Technology (IT) and related services for the health system, including the following items listed on page 30 of the Advisory Panel's report:

- The clinical and administrative desktop computing environment, while retaining service area/local support capability and improving efficiency.
- The hosting and management of all clinical and administrative applications with the goal of improving systems integration (thereby reducing the number of standalone/siloed systems and applications).
- Standardization and ease of the provider experience as it relates to technology (how they log-on, systems they access, support, for example) regardless of the service area or facility.
- Information Technologies Security Services across the health system in support of a singular approach to security that includes trusted connections between health service organizations.
- Joint procurement of IT hardware and software.
- Provincial approach to systems/technology use and deployment, including, but not limited to, telephone (VoIP) systems, email, SharePoint services and other network systems. This could result in significant licensing savings and reduction of waste and duplication.
- Health system data warehousing in order to reduce duplication across the system, ensure data security and redundancy, and reduce costs.
- Provincial approach to data analytics, ensuring the right data is collected, analyzed and available for improved health system management and results.

Since the release of the report, eHealth has assembled a number of task teams from our partners to identify and collect information, make recommendations on consolidation activities and ensure that work was prioritized so that the work that was necessary to support the new Saskatchewan Health Authority was put in place first. We have continued to work on final recommendations and to put into place implementation plans to achieve a provincial approach to delivering IT services for better patient care.

IN
FOCUS

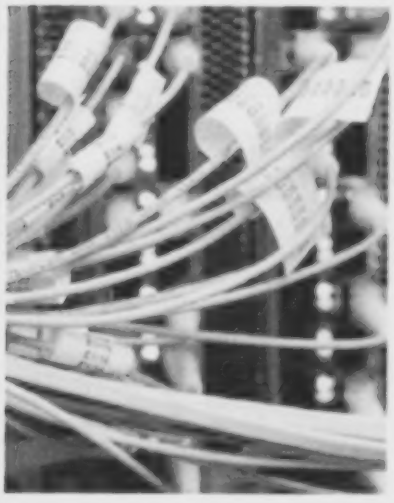
NEW NORTHERN DATA CENTRE COMES ONLINE

Mirrors Southern Data Centre, Maximizes Disaster Resiliency and Recovery

In a room the size of an average kitchen sits two rows of black-meshed grates. Both are separated by a narrow space the width of an industrial refrigerator. Behind these grates are servers, each flashing different lights to show activity.

Each server – known as a blade – lays sideways, securely bolted on each side to its metal rack. Though each blade may appear as a single piece of hardware, some are able to host up to 80 or more individual applications or services. It's all made possible thanks to virtualization. Virtualization enables eHealth to continue growing its capacity, while limiting the physical space needed to do so.

Connected to each blade are an arrangement of blue, orange and yellow cables, all neatly tied together and organized. Each cable serves a specific purpose, connecting servers and other specialized equipment together as a single integrated system.



The orange cables stand apart from the rest. They are the fastest of them all, capable of carrying more than 10 gigabits per second of data in both directions – about 1,000 times the speed of the average person's Internet connection. These cables transmit packets of data by flashing light through glass fibers. Each strand is thinner than a human hair.

Getting cables and servers working as one to power the entire province's clinical and administrative systems is no small feat. Even more challenging: doing so without causing any service interruptions.

Jay Benson is eHealth's Director of Information Technology Architecture. He and his team were responsible for getting everything organized to bring the Southern Data Centre online in June of last year.

"When systems go down, everyone notices," Benson said. "That's why our team's main goal was to make sure getting an environment of this size was accomplished with as little downtime as possible. In short, our goal is to make the systems that we provide as available as possible. If no one notices problems, then we've met our goal and have been successful."

This is why Benson and the team planned for the entire project to take place during off-peak hours, when less people would notice if something went wrong.

The Northern Data Centre, dubbed NDC, is an exact replica of eHealth's existing Southern Data Centre, which came online in June 2016. Both data centres are mirror images of one another, even down to the wire.

Each centre boasts a Tier 3 status, meaning plenty of physical security and redundancy. Each centre has at least two of everything, ranging from commercial power feeds and battery/diesel generator backup systems, to fire suppression systems. Each centre also features robust physical security safeguards using a combination of keycard and biometric fingerprint access for only a select few.

"Now that both data centres are up and running, each is able to support the other," Benson said. "The intention is if either location experiences a failure of some sort, the other has been designed to take over."

"We now need to concentrate on application changes to support this vision," he added. "This helps limit any impact to patient care, and allows us to get back up and running sooner should an unforeseen circumstance take place, or if disaster strikes."

ENGAGING WITH PATIENTS AND CITIZENS

Many Saskatchewan residents are taking advantage of a unique opportunity to actively manage their own health care.

More than 1,100 people signed up to participate in a six-month pilot project, called the Citizen Health Information Portal, or CHIP. CHIP is a secure website that participants can access at any time to view their health information, including: laboratory results, vaccines/immunizations, prescription history and hospital visit history.

eHealth Saskatchewan (eHealth) officially launched CHIP in February 2016 after extensive engagement with patients, who were fundamental in the creation and design of this online program.

Both during and after the pilot, many participants gave positive feedback about their experience with the pilot program. Many even went so far as to say CHIP changed their lives for the better.

Saskatoon resident, Malori Keller, is one such participant. She was diagnosed with Adrenal Insufficiency and a ruptured Pituitary Tumor in 2009. She says CHIP has enabled her to become a more empowered patient.

"The more empowered I am to look after my own care, the better my quality of life," says Keller. "It keeps me out of the physician's office and it keeps me out of the emergency department. So, as a young woman, I think that's the best case scenario. I don't want to be sick. I don't want to feel the impact of using the health system. I would rather look after myself and CHIP enables me to do it."

Keller accesses CHIP often to look at her lab results, which means less visits with her physician and specialist.

"It has really helped me to feel more dependent on myself, instead of dependent on the system," said Keller. "I can look at the data from my lab results, think about how I am feeling, and then decide for myself whether I want to make an appointment, versus having to go to the physician to find out my lab results."

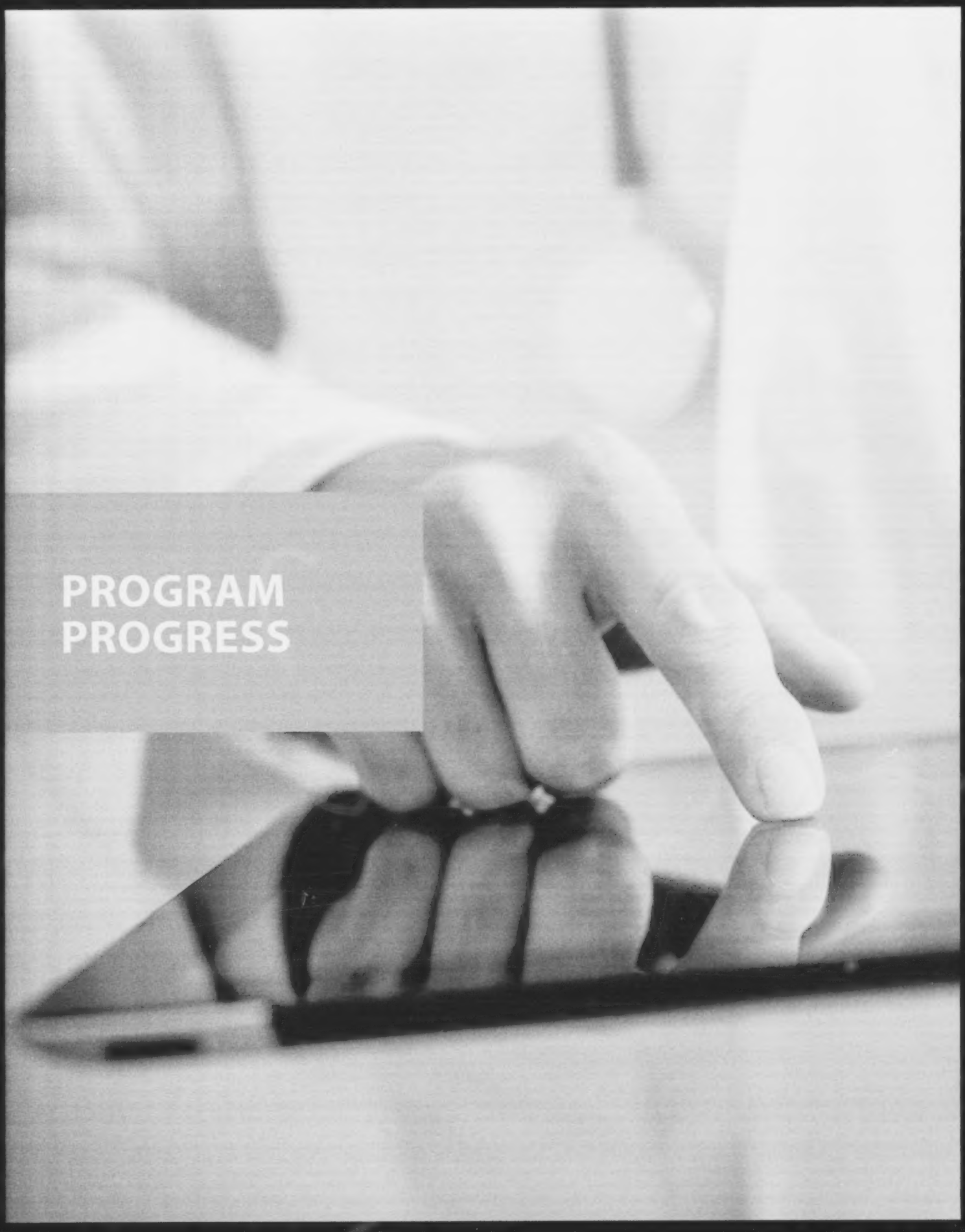
Tyler Moss is another CHIP participant who is getting a lot of value out of CHIP. At the age of 35, Moss was diagnosed with Left Renal Artery Stenosis and says CHIP enhances his access to his own medical profile.

"As a renal patient, I am constantly having blood work done and other medical tests done," says Moss. "I am able to go into the system and look up my information and ensure that it is both timely and up-to-date. I like being able to access the information at my fingertips."

Easy, online access to health records can lead to improved patient care, as it allows health care providers to make more timely and more informed decisions. This is valuable for everyone, and is especially important for those who have recently changed doctors, moved within Canada, or need medical attention while traveling anywhere in the world.

CHIP is just one of the many ways that eHealth is working to make health care information more readily available to both patients and their health care team.

"eHealth's vision to empower patients and enable care continues to shape and inspire innovative services and programs like CHIP," eHealth Saskatchewan CEO, Susan Antosh said. "eHealth thanks all CHIP participants for their interest in the program and their engagement throughout the pilot, as it can greatly benefit the future of health care in Saskatchewan."


PROGRAM
PROGRESS

INTEGRATED EHR SERVICE LINE

The Provincial Electronic Health Record (EHR) and Interoperability

The Provincial Electronic Health Record (EHR) is a patient record that consolidates clinical information from multiple point of care systems in hospitals, and community based clinics, from all Regional Health Authorities in Saskatchewan into a single view for providers. The EHR contains clinical information, including, but not limited to:

- Laboratory results (more than 94 per cent of lab results in the province)
- Community dispensed medications (100 per cent of community pharmacies)
- Acute Care patient visits/ encounters (physicians can now see if their patients have received care in a hospital)
- Immunization history
- Chronic Disease Management
- Various clinical documents, including discharge summaries, progress notes and operative reports

A secure provider portal is used to access this patient record—better known as the eHR Viewer. The eHR Viewer gives health care providers access to a patient's clinical information, regardless of where care was delivered. Access to this information directly benefits the patient because it leads to faster diagnosis and treatment, less duplication of tests, reduced medication errors and, potentially, less costly travel and time off of work.

The focus of 2016-17 was stability and sustainability of services. eHealth took measures to strengthen our integrated service offerings to ensure that information is available when needed. The program continued to build on existing sources of information, as well as increase its use for health care providers. In 2016-17, additional features were added to the EHR, including:

- Medical Imaging information (Radiology Reports) from community-based radiology clinics
- Clinical documents (Transcribed Reports) from the provincial transcription system
- Expanded sources of synoptic operative reporting

eHealth is focused and committed to working with our partners so that we can continue to expand the patient information available in the EHR, as well as improve its clinical use.

DID YOU KNOW ?

Approximately 200,000 people benefit from the EHR every month, according to data collected from March 2017.

Approximately 7,700 health care providers have access to the eHR Viewer, including physicians, pharmacists and nurses.

PROGRAM PROGRESS

Drug and Pharmacy Services

Pharmaceutical Information Program (PIP)

The Pharmaceutical Information Program (PIP) is a provincial Drug Information System of dispensed drugs in the community pharmacies. Through an integration initiative (CeRx Integration Project), the program has successfully integrated relevant patient data between community pharmacy systems and PIP in Saskatchewan. Thanks to the dedication of the program and partners, eHealth has integrated 100 per cent of Saskatchewan pharmacies to PIP, as of March 2017. CeRx integration improves patient safety because it enables pharmacies to view a patient's complete medication profile on their local system, which improves drug interaction checking and reduces potential contraindications and adverse effects.

The PIP Quality Improvement Project (PIP-QIP) dedicates efforts to creating awareness of the importance of accurate and complete data in the community pharmacy systems and, ultimately, PIP. PIP-QIP has made great strides in decreasing data quality issues by providing education to health care professionals and that directly impacts and improves patient care. Dispenses that fail to be sent from the pharmacy system to PIP, which are also known as failed transactions, have decreased from nearly five per cent in 2014, to less than two thirds of a per cent in January 2017, due to the efforts of the PIP-QIP and our health system partners.

Last fiscal year, the program integrated PIP to the Electronic Medical Record system (EMR), allowing EMR vendors to provide built-in access to view PIP profile information within the EMR. Currently, almost 550 EMR users have integrated PIP.

Regional Pharmacy Program

The Regional Pharmacy Program's objective is to enhance patient safety and meet patients' needs by improving the flow of drug information across Saskatchewan. The program recently deployed the Provincial Pharmacy Information System BDM—a single, shared, acute pharmacy system. This shared system gives regional pharmacists and stakeholders improved access to patient information leading to better, quicker care for their patients.

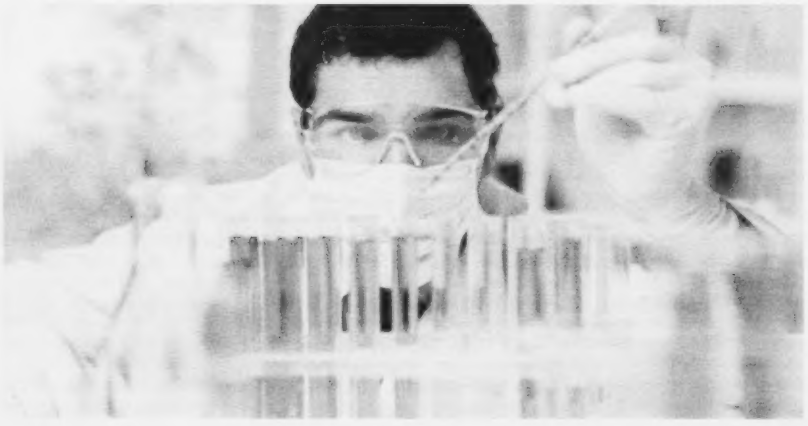
In January 2016, the Saskatoon Health Region and 11 midsize regions began the transition to the Provincial Pharmacy Information System BDM. The completion target for that transition is October 2017.

In February 2017, the Saskatoon Health Region successfully transitioned to the Provincial Pharmacy Information System BDM, making it the first milestone of the transition.

Regional Pharmacy Advisory Network

The eHealth Regional Pharmacy Advisory Network was established to create a provincial strategy that improves the flow of drug information within the health care system. The strategy aims to make those improvements by standardizing and integrating the following systems:

- Provincial Pharmacy Information System BDM
- Drug Database/Clinical Decision Support (FDB)
- Packagers and Automated Medication Distribution Systems
- The integration between BDM and the Provincial Adjudication System (for online adjudication to the Drug Plan for outpatient dispensing)
- The alignment of the Medication Reconciliation Discharge/Transfer forms and processes



Laboratory Services Program

Laboratory Information System (LIS)

The Laboratory Information System (LIS) plays a vital role in providing better patient care by facilitating the collection and analysis of specimens from patients, such as blood samples, tissue samples and biopsies, and then reporting the results to health care providers, wards and other agencies in a timely and accurate fashion.

The LIS has been implemented across the province, including hospitals and community lab sites, and also provides lab result information to the Saskatchewan Laboratory Results Repository system (SLRR).

New Site Implementations

The Lab Program worked with health system partners to implement the following LIS expansions:

- Prairie North – Meadow Lake Blood Bank
- Saskatoon – mapping Humboldt for SLRR integration
- Preliminary work for Melville hospital expansion
- Multiple instrument additions/ changes/moves across all midsize health regions

Saskatchewan Laboratory Results Repository (SLRR)

The regional LIS systems, along with the Saskatchewan Disease Control Laboratory (SDCL), send lab results to be stored in the Saskatchewan Laboratory Results Repository (SLRR)—approximately 60,000 results are stored daily. SLRR result information is distributed to Electronic Medical Records (EMRs) across the province, including the Saskatchewan Cancer Agency (SCA). In addition to sending the information to EMRs, the results in SLRR are also available in the Provincial eHR Viewer as soon as they are entered online, enabling doctors to make faster clinical decisions about patient follow-up care and treatment.

Results from all health regions, with the exception of Keewatin Yatthe, have been added to SLRR and are now being distributed electronically. In addition to the Saskatoon and Regina Qu'Appelle sites, 57 sites have been implemented across the midsize health regions and SDCL.

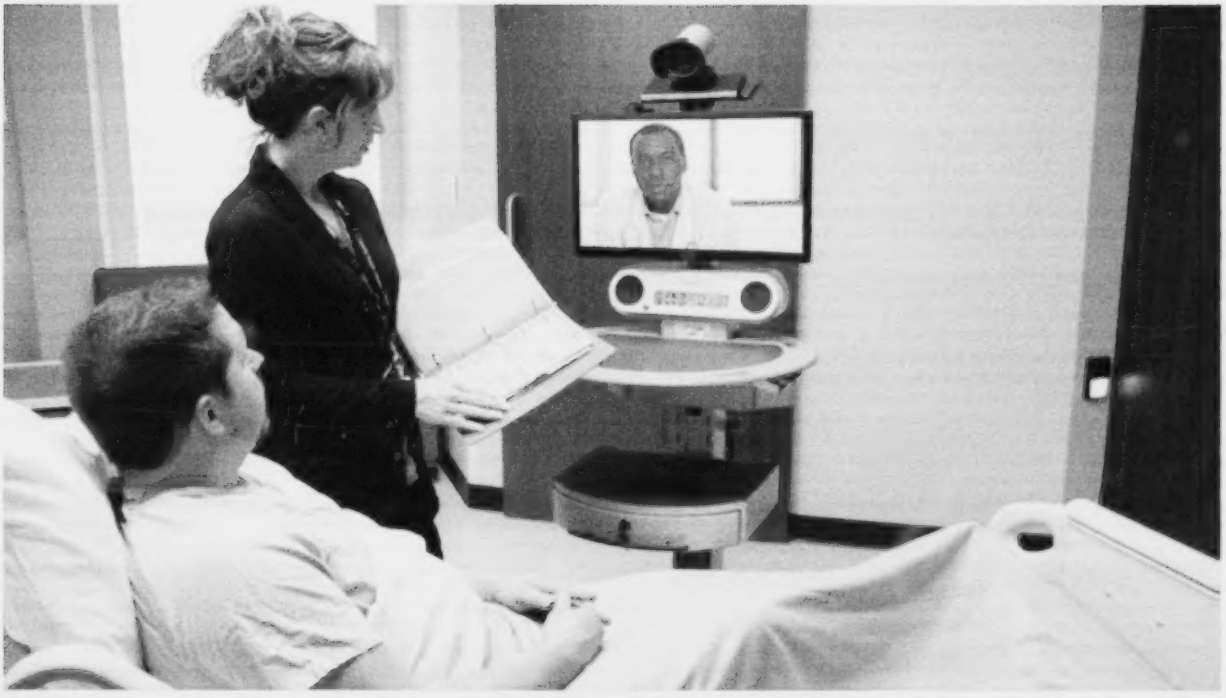
MAKING A DIFFERENCE

75.23 per cent
(↑2 per cent) of results sent to SLRR are routed to an Electronic Medical Record (EMR).

323 clinics
(↑5.9 per cent) and more than 1,592 providers (↑9 per cent) received electronic laboratory test results.

840 sites
with 7,700 (↑30 per cent) users have access to a web-based eHR Viewer for laboratory results and clinical data from other repositories.

CONTINUITY OF CARE SERVICE LINE



Telehealth: Bringing Medical Care Close to Home

Telehealth connects patients to health care professionals using live, two-way videoconferencing technology and equipment. This secure service is available in many health care facilities across the province and allows patients and doctors to communicate, both verbally and visually, from two completely separate areas of the province. Patients can receive specialized or general health care by visiting the nearest Telehealth site and meeting with a professional in a virtual exam room.

Telehealth can connect to available diagnostic peripherals, such as stethoscopes, vital signs monitors and ultrasound equipment, making real-time diagnosis and patient monitoring possible.

Access to specialists located outside of Saskatchewan can also be arranged if that service is not offered in the province. A wide variety of health care services are offered via Telehealth, including Mental Health, Neurology, Oncology and Nephrology.

Telehealth is possible thanks to a collaboration between eHealth, Regional Health Authorities, Saskatchewan Cancer Agency, First Nation Inuit Health Branch and other health care partners.

Telehealth is Private and Secure

Telehealth operates in a private and secure network that can only be accessed by authorized health care professionals. This secure network operates within the province's CommunityNet—a world-class, high-speed, digital internet system that ensures privacy safeguards are in place.

As soon as a patient is connected to a health care provider in their virtual exam room, he or she will be introduced to the provider and any other health care workers who may be taking part in the appointment, to ensure full disclosure and maximize the patient's comfort.

The Benefits of Telehealth

Telehealth continues to improve access to health care services. The program is particularly valuable for rural and remote patients as it is convenient and reduces travel times and other related costs. Providers also benefit from reduced travel times, better sharing of best practices and improved knowledge and skill development.

In 2016, Telehealth saw overall patient count grow by 49 per cent. More than six million kilometers of travel was saved by patients and families using the program—a 30 per cent increase. More than 5,600 patients saw their Oncologist via Telehealth—a 78 per cent increase from the last year. Thirty new Telehealth video endpoints were added across the province, resulting in a total of 369 active Telehealth endpoints in Saskatchewan.

2016 also saw new mobility and wireless video solutions introduced, which are improving access to care and allowing for more efficient delivery and more effective collaboration between providers.

How Patients Benefit from Telehealth:

- Better Access to Health Care. Patients have quicker and easier access to specialty care by visiting a local Telehealth site.
- Less Travel. Patients no longer have to travel long distances to receive specialized health care.
- Time and Money Saved. Limiting travel time and overnight stays saves patients time and reduces their health care expenses.
- Improved Safety. Telehealth reduces the need for traveling long distances in dangerous winter driving conditions.

MAKING A DIFFERENCE

Cancer Care Services, Group Patient Education and Mental Health and Addictions are the top service lines using Telehealth.

More than six million kilometers
of patient travel was avoided in 2016 by using Telehealth—a 30 per cent increase.

17,138 patients
were seen by a health care professional through Telehealth in 2016, accounting for a 49 per cent growth from the previous year.

369 active
Telehealth sites in 2016, representing a nine per cent growth from 2015.

5,600 patients
were able to receive follow up Cancer Care services via Telehealth in 2016—a 78 per cent increase in one year.

4,000 patients
received Group Patient Education services using Telehealth, such as Hip/Knee surgery education, Cardiac Class, Diabetes Class and Pulmonary Rehabilitation. This is a 61 per cent increase from 2015.

1,522 patients
received Mental Health and Addictions services using Telehealth in 2016.

PROGRAM PROGRESS

WHAT'S NEW

Stroke Pathway

In Saskatchewan, providers are working with the Acute Stroke Pathway to roll out a provincial Telestroke service using video technology via the Provincial Telehealth Program. The Canadian Stroke Best Practice Guidelines recommend that Emergency Room (ER) physicians who assess patients with acute stroke symptoms should have the opportunity for urgent consultation with a neurologist by video link (not just by telephone). Neurologists agree that being able to see and speak directly to a patient helps them better assess the severity of stroke and make recommendations for stroke mitigating treatments that can significantly improve patient outcomes.

"There are very few emergencies as time sensitive as ischemic stroke for preventing permanent disability. This diagnosis is essentially 100 per cent clinical, since most imaging is normal in acute stroke, and the neurologic exam is the single most important tool driving the acute management of these patients. Effective telehealth solutions will dramatically improve access to neurologic and neurosurgical expertise for remote sites, optimizing treatment and transportation decisions for patients in smaller centres across the province."

– Dr. Gary Hunter, MD FRCP(C) CSCN (EEG)
Clinical Assistant Professor Neurology and Neurocritical Care
Neurology Residency Program Director
University of Saskatchewan

Saskatoon Dementia Assessment Outreach Team

The Dementia Assessment Outreach Team is a newly created team out of Saskatoon Parkridge Centre. The team will be providing support to individuals with a primary diagnosis of dementia who are experiencing responsive behaviors, which are not being managed in their current living environment. The service area includes the Saskatoon Health Region and seven rural health regions in Saskatchewan. The Outreach Team will provide interdisciplinary assessment and recommendations, with the goal of stabilizing responsive behaviors in the client's current environment. The Outreach team provides access to social work, psychology, occupational therapy, geriatric psychiatry and pharmacy. The team will be using Telehealth to connect with the patient's care team in their home community, and to provide education to their home communities.

Prince Albert – Pre-Anesthetic Assessment Clinic and Pre-Operative Orthopedic Clinic

This clinic is a collaboration between Dr. Konya Sriram (Anesthesiology), Dr. S. Martins (Orthopedics) and Telehealth. This clinic's patient-centered approach will allow clients to see both their Orthopedic Surgeon and Anesthesiologist in one virtual clinical visit.

The Department of Anesthesiology in the Prince Albert Parkland Health Region has established a Virtual Pre-Anesthetic Assessment Clinic with an objective of taking the clinic to the patient. Patients only need to travel to the nearest Telehealth site, rather than travel hundreds of miles to the clinic in Prince Albert.

"Virtual Clinics for Anesthesiology are a major change in the thinking-process of traditionally trained Anesthesiologists who are used to face-to-face interviews in person, with the patient sitting in the same room," said Dr. Konya Sriram, Chief of Anesthesiology, Victoria Hospital in Prince Albert.

"This concept is totally patient-centered whereby elderly patients, patients with significant mobility impairment, or any patient for that matter, do not need to travel farther than the nearest Telehealth site. The savings are huge for the patient in terms of economy, travel, discomfort and risks involved in travelling in adverse weather conditions."

The Department of Anesthesiology is hoping to achieve a 100 percent "see through Telehealth" approach, other than those patients in and close to Prince Albert, particularly with anticipated third generation Telehealth employment.

The enthusiasm of seeing patients virtually has spread to the Department of Orthopedics.

Dr. Sriram says that at least one surgeon likes to see his patients virtually one week prior to a major joint replacement surgery.

"This particular approach of Virtual Consultation one week prior to major joint replacement surgery can save potentially thousands of dollars for the Region in the context that some of these major surgery patients may have concerns in the last minute that can lead to cancellation of surgery (if not seen virtually) and huge wastage of Operating Room time that costs around $2,500 per hour.

Running the operating rooms empty is very similar to flying a 787 Dreamliner with a capacity of 500 passengers with no passenger on board from Vancouver to London, United Kingdom, while 5,000 passengers are waiting in Vancouver airport to be flown across the Atlantic to London.

The benefits of Virtual Clinics are huge and include savings in travel distance, time, loss of productivity for the patient/patient's escort–not to mention the great inconvenience of travel and the risks involved with travelling in adverse weather conditions."

It is anticipated that there will be more interest from other Orthopedic Surgeons from Prince Albert, following the success of the aforementioned clinics.

Mobile Care Coordination and Telehealth Solutions

Mobile Care Coordination and Telehealth Solutions enable health care professionals to be more accessible and responsive. Health care providers can perform real-time assessments, diagnostics and patient management from a remote location, via mobile, tablet or desktop station. The Telehealth program recently integrated mobile and desktop video solutions, such as Vidyo and Webex with the 369+ Telehealth suites throughout the province. These mobile video solutions are being piloted within the Stroke Pathway and with Mental Health and Addictions providers throughout Saskatchewan. This cutting-edge technology will make health care services more accessible for those committed to ensuring that patients have access to quality, timely health care, regardless of where they live in Saskatchewan.

Partnership with Ministry and University of Saskatchewan

The Remote Presence Technology initiative enables health care providers, including physicians, nurses and pharmacists, to use advanced telemedicine technology, so that can be virtually "present" for appointments with patients in Saskatchewan's remote communities.

Through a mobile robot or a smaller portable device, known as a "doc-in-a-box", a provider can perform real-time assessment, diagnostics and patient management from any location.

Some of the benefits of mobile robots, and the smaller portable devices, include:

- improved access to underserviced communities;
- enhanced patient experience and reduced travel/transport costs;
- reduced disruptions of visiting services to remote communities due to weather; and
- decreased health system costs.

In 2016-17, government committed annual funding to expand the Remote Presence Technology to other communities in northern Saskatchewan, after a successful pilot project in Pelican Narrows. The Ministry of Health, eHealth and University of Saskatchewan teamed up and established a working group to support the implementation of this technology. La Loche was the first site identified as a priority for expansion of Remote Presence Technology based on population need, community consultation and its technology infrastructure. Access to pediatric emergency assessment became available in April 2017. Additional service lines and communities will be implemented in 2017-18.

PROGRAM PROGRESS

Citizen Health Information Portal (CHIP): Providing patients with access to their personal health care information

In early 2016, eHealth launched the Citizen Health Information Portal (CHIP) pilot that ran for six months. CHIP is a secure, online web service that provides users with quick and easy access to their personal health information. eHealth was able to leverage the data within the provincial Electronic Health Record (EHR) to provide pilot participants with provincial health data, such as lab results, immunization records, prescription history, and hospital visit history. The health data is stored in private and confidential files and can only be accessed through a highly secure, personalized login.

During the pilot period, more than 1,100 Saskatchewan participants were granted access to their medical history. Participants also had the ability to add personal health information, set reminders to take medications, track trends in their health data and results, and record upcoming appointments in their CHIP profile. As part of the pilot, there was also a health care provider access portal which allowed providers to review information that citizens added to their CHIP profile, if citizens chose to share their record with a provider.

Throughout the pilot, eHealth reached out to participants for feedback through face-to-face interviews, surveys, phone interviews and focus group discussions. The overwhelming positive response from participants led eHealth to extend participants' access to CHIP for another year, until August 2017.

eHealth strongly believes in engaging citizens to gather feedback and, as such, has been working closely with citizens throughout the CHIP pilot. Many participants shared how CHIP improved their access to health information, as well as the management of their own health:

- 89 per cent of participants said that it is very valuable to have access to their personal health information. More than 10 per cent said that it is somewhat valuable.
- 88 per cent of participants said that having access to their personal health records will help them better manage an existing health issue or avoid future health issues. 11 per cent were undecided.
- 86 per cent of participants said it is very important for them to have online access to their personal health records and information. 14 per cent said that access was somewhat important.
- 74 per cent said they have experienced a positive impact from sharing their personal health information with a family member or care provider.
- 70 per cent of participants said that they feel more aware of their overall health since getting access to CHIP.
- 50 per cent of participants strongly agreed that CHIP will contribute to improvements in their overall health. 31 per cent were passive and 19 per cent disagreed.

Participant Comments

Focus groups were held in Yorkton, Saskatoon and Regina and included a total of 30 CHIP participants from across the province.

Participants listed the reasons why CHIP is valuable:

- Makes them feel empowered
- Enables them to take ownership of their own health
- Translates into better management of their health
- Allows them to access medical results prior to an appointment, which leads to more valuable appointments
- Makes them feel like a part of their health care team, instead of feeling isolated
- Improves their relationships with their health care providers
- Decreases stress for them and their significant others
- Reduces waste for both patients and the health care system (less travel, appointments, stress, etc.)

Feedback gathered throughout the pilot from citizens and internal and external stakeholders will help guide decisions on how eHealth will shape the future of CHIP.

COMMUNITY AND PRIMARY HEALTH CARE SERVICE LINE

Community and Primary Health Care Service Line consists of Primary Health Care, Public Health Programs, Home Care, Long Term Care and Mental Health and Addictions.

Primary Health Care Program

eHealth's Primary Health Care Program (PHC) continued to support the use of Electronic Medical Records (EMRs) for better patient care and delivery of primary health care services. Now that more than 80 per cent of providers have adopted EMRs, the focus of the PHC Program has shifted to optimizing the use of EMRs. This involves reaching out to providers with additional training and support, so that they can optimally use the functionality within the EMRs, such as planning and coordination of complex patient care. A good example of this is the use of flow sheets within the EMRs for the Chronic Disease Management Quality Improvement Program (CDM-QIP). CDM-QIP now includes four chronic diseases; Diabetes, Coronary Artery Disease, Heart Failure and Chronic Obstructive Pulmonary Disease (COPD). The flow sheets enable providers to implement best practices according to current clinical guidelines for patients with one or more of the four chronic conditions.

Providers are further supported in patient care by new functionality that enables them to launch the eHR Viewer from within the EMR, giving them quick access to information in the patient's Electronic Health Record (EHR).

The PHC Program continues to support implementation of EMRs in facilities that have previously been paper-based. Early in 2016, the EMR was implemented at the Assiniboia Clinic in Five Hills Health Region and the Sexual Health Clinic in Prince Albert Parkland. In late 2016, TELUS Health's Med Access EMR was successfully implemented in four facilities within the Athabasca Health Authority: Black Lake, Fond du Lac, Stony Rapids and Uranium City.

DID YOU KNOW ?

Since the start of the CDM-QIP program:

49,283 individuals have received treatment from a provider using the provincial electronic best practice CDM-QIP flow sheets

799 providers have used the flow sheets to submit CDM-QIP data to the provincial CDM repository

PROGRAM PROGRESS

Public Health Program – Panorama

Saskatchewan residents and health care providers continue to benefit from the province's investment in the Public Health Information System, called Panorama. Panorama makes it easier for health care professionals to collect, share and analyze information related to vaccine inventories and immunization histories which, in turn, support healthy outcomes for children and families across the province.

The vaccine inventory module of Panorama was implemented in March 2014, and the immunizations module in February 2015. Panorama inventory allows public health professionals to record, maintain and centrally manage the quantity of vaccines at multiple locations across the province, while the immunization component allows a patient's vaccination history to be available electronically to the health care team and allows public health providers to manage client immunizations, forecast immunization eligibility, record contraindications and remove compromised vaccines from service.

Every person who receives public health care services in Saskatchewan will have a single, confidential client record, regardless of where they receive those services in the province. Connecting providers from various regions improves the coordination of patient care, meaning less duplication of vaccinations and improved access to information. Currently, all public health staff providing publicly-funded immunization services are using Panorama to record these immunization events.

The 2016-17 fiscal year focused on maintenance and expanding the features within the application. Mass immunization functions are now supporting school immunization programs across the province and preparations for a major upgrade to the application are nearly complete.

Continued investment in Panorama will allow residents to benefit from additional components of the application. Most Canadians remember the anxiety of the influenza pandemic of 2008 and the massive public health efforts to immunize the public for the pandemic flu. In 2015, outbreaks of pertussis and measles were declared, and in 2017 we have already seen a marked increase in the occurrence of mumps. Panorama has additional components–communicable disease investigations and communicable disease outbreak management, which support the rapid identification, investigation and management of those at risk of acquiring disease or transmitting disease while, at the same time, preserving privacy and confidentiality of Saskatchewan residents. 2017 will see a project start to bring these components into service in Saskatchewan by October 2018.

The ability to track disease and vaccines is crucial for public health officials to keep our residents safe. Panorama will improve the capability of health care jurisdictions across Canada, giving them the ability to share and track that information.

Saskatchewan's Panorama is part of the pan-Canadian Panorama initiative funded through Canada Health Infoway. Five other jurisdictions are in the process of implementing Panorama: Quebec, British Columbia, Yukon, Ontario and Manitoba. Nova Scotia indicated that they will join the implementing provinces in 2017.

Home Care Program

Saskatchewan residents requiring home care can be assured that a stable Home Care system is completely implemented in the province. The long term approach is to create a home care system that can share clinically relevant home care information with other jurisdictional systems, such as sharing provincial home care assessment data with the Canadian Institute for Health Information.

Long Term Care Program

Long term care staff continue to monitor the health and well-being of residents through the analysis of data on a month-to-month basis. All health regions, except for the province's three northern regions, are now contributing clinical resident assessment instrument information, such as health status, falls, restraint use, nutritional intake, and level of independence, with the Canadian Institute for Health Information.

Mental Health and Addictions Program

eHealth and the Ministry of Health, along with the support of regional partners, have embarked on a project to implement a level of care utilization system (LOCUS) for mental health and addiction services. LOCUS and the Child and Adolescent Level of Care Utilization System, will give mental health and addiction health care providers a standard way of determining the service best suited to a client's current need. The system will allow client evaluation to be done at various times during treatment. The strength of LOCUS is that evaluation will be based on a client's current level of functioning, rather than on diagnosis and psychiatric risk alone.

PROGRAM PROGRESS

MEDICAL IMAGING SERVICE LINE

The Medical Imaging Service Line is responsible for critical support areas for Diagnostic programs, including Radiology Information System (RIS), Picture Archiving and Communication System (PACS) and the Community Based Radiology initiative. Together, these systems support the effective and efficient flow of diagnostic information from providers to patients.

Radiology Information System and Picture Archiving and Communication System

Treatment for patients is more effective and efficient when all imaging, and reporting of images within the province, is available through a single source, such as RIS and PACS.

eHealth implements and supports RIS and PACS for Saskatchewan. RIS helps streamline departmental operations, including scheduling procedures, order entry, work list management, result distribution and billing. The PACS interfaces with RIS to provide a complete imaging solution with interpreted radiology reports.

X-rays, CT scans, Ultrasounds, Medical Resonance Imaging (MRI), Nuclear Medicine and Positron Emission Tomography (PET) Scans in most Saskatchewan hospitals are now available on PACS and can be interpreted by physicians and specialists in different locations throughout the province.

Consultation between physicians and regions, to optimize treatment, can take place once imaging has been sent to PACS. When a patient needs to travel for treatment, imaging can be reviewed and preparation for treatment can begin prior to the patient's arrival, without arranging the transport of imaging records. Patients pursuing treatment outside of Saskatchewan can request their imaging files on DVD or other portable devices.

Community-Based Radiology Program

Last fiscal year, eHealth kicked-off the Community-Based Radiology Initiative to provide health care providers in Saskatchewan with a single record of all patient Medical Imaging images and reports. This initiative will allow all images and reports that are taken in the community or in a hospital to be available to providers in the provincial PACS at the right time, in the right place. Patients go to Community-Based Radiology clinics for many reasons, such as pre-operative exams, pre-specialist appointment exams and post-operative follow-up exams. These images and reports from providers will then be stored within the provincial PACS, giving providers and patients a single source of Medical Imaging information. Approximately one third of medical images, captured in the province of Saskatchewan, are provided by private community-based service providers.

Thanks to a collaborative effort with our partners in the Regional Health Authorities (RHAs), we accomplished many successes in 2016-17. Here are some of the highlights:

- During the past three years, the eHealth Medical Imaging team focused on improving efficiency, eliminating defects, reducing variation and improving our relationship with our clients.
- Saskatchewan Cancer Agency Breast Screening Clinics in Regina and their Mammography Bus both became new site implementations on the provincial instances of RIS and PACS.
- Began working with our RHA's and 3sHealth partners on deploying Medical Imaging Voice Recognition software throughout the province. Anticipating a go-live in 2017.
- RIS upgrade was completed successfully in November 2016. This upgrade consisted of a new code upgrade, as well as a complete new platform upgrade.
- The PACS upgrade was successfully completed in March 2017.
- Through the Community Based Radiology Integration Initiative, eHealth implemented the pilot site—Radiology Associates of Regina (RAR), to the Provincial PACS.
- Completed the Data Centre move for PACS.

MAKING A DIFFERENCE

151 active Radiologists are currently using the PACS, which contains 957,550,719 images.

More than 4,000 providers are set up to receive report results from RIS and PACS.

Radiology reports are now available through eHealth's provincial eHR Viewer.

PROGRAM PROGRESS

ACUTE CARE SERVICE LINE

The acute care service line consists of several clinical applications that support operational needs and patient safety in the acute care hospital environment. In acute care, an integrated suite of applications is used to provide care for patients within the health system.

Registration Program – WinCIS is the application used in midsize health regions to register patient and client visits. eHealth is also supporting the transition to a new Provincial Registration System, Sunrise Enterprise Registration.

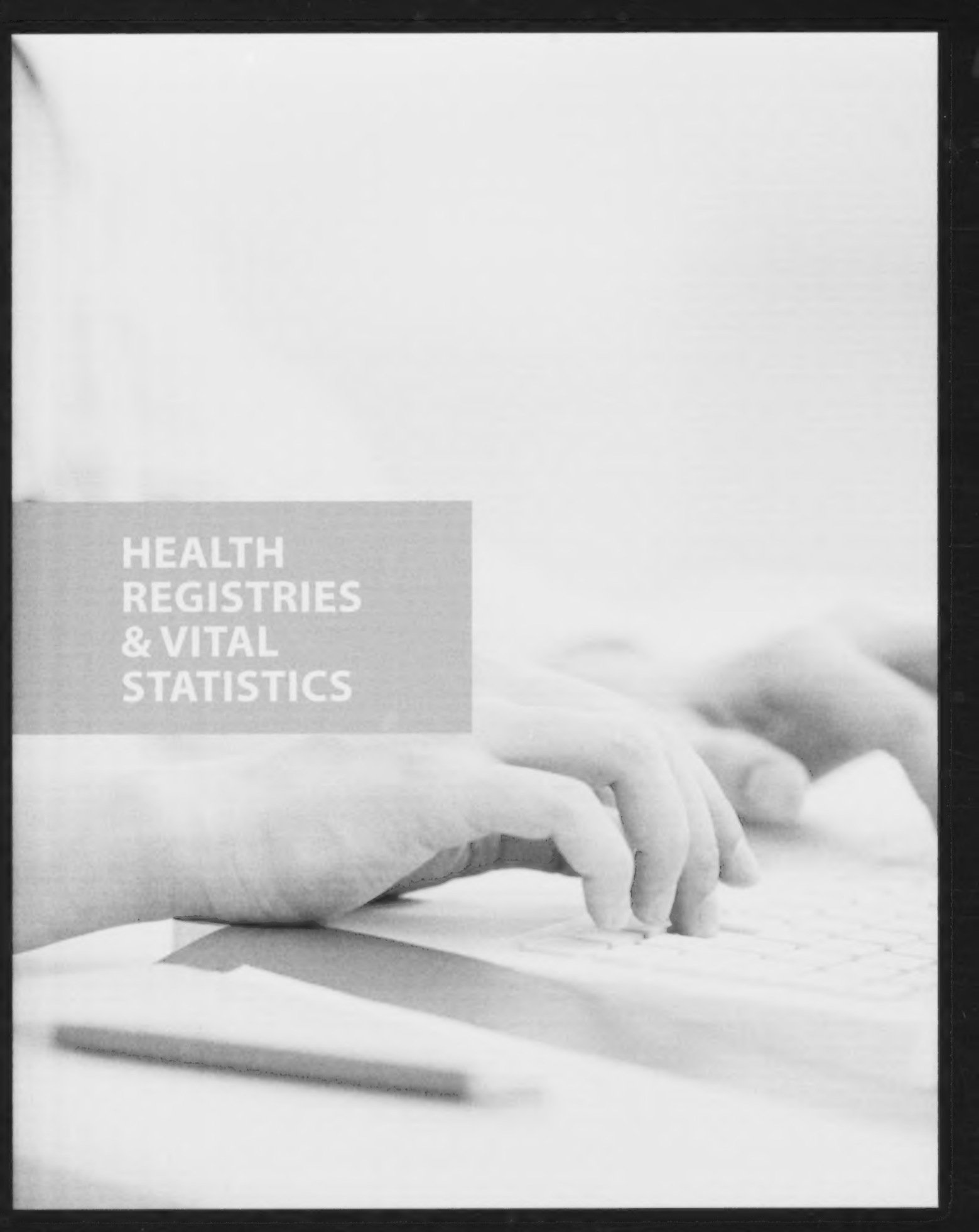
- Registration information can be considered the foundation of the patient/client health record. This information contains critical demographic and patient identifiers that are integrated into other clinical applications, including Lab, Radiology, Surgical, Pharmacy, etc.
- The Registration team supports the complex integration of admission, discharge and transfer information that feeds all downstream systems.

Surgical Program – The OR Manager Information System (Operating Room Software) is currently being used in four Health Regions—Cypress Health Region (CHR), Five Hills Health Region (FHHR), Prince Albert Parkland Health Region (PAPHR), Prairie North Regional Health Authority (PNRHA) and is supported by eHealth. The system is used for scheduling the patient for surgery. It also provides waitlist management and supply management for each surgical procedure, electronic charting while in the perioperative suites, tracking boards and more.

- 29,131 bookings and 25,173 surgeries were managed in the four OR Manager Operating Systems—CHR, FHHR, PAPHR, PNRHA.
- 48,546 bookings and 37,985 surgeries were managed in the Saskatoon Health Region (SKTNHR) OR Manager System.
- 77,677 bookings and 63,158 Surgeries were managed by the OR Manager System (CHR, FHHR, PAPHR, PNRHA, SKTNHR).
- The Surgical Safety Infection Control Initiative was successfully implemented in the four OR Manager Operating Systems (CHR, FHHR, PAPHR, PNRHA).

Sunrise Clinical Manager Program (SCM) – SCM provides electronic information to doctors, nurses and other clinical staff and is used primarily in the acute care setting, such as hospitals.

- SCM is the acute care electronic patient record which enables health care providers to chart electronically and view health information from several departmental areas, such as registration information, lab results, hospital pharmacy dispensed medications and radiology results.
- At the end of the 2016-17 fiscal year, SCM contained more than 3,500,000 unique patient visits; nearly 10,300,000 lab results; nearly 880,000 radiology results; nearly 2,000,000 clinical documents; and had more than 3,000 users.


HEALTH
REGISTRIES
& VITAL
STATISTICS

HEALTH REGISTRIES & VITAL STATISTICS

Health Registries and Vital Statistics

More people than ever are calling Saskatchewan home. When individuals and families move here from another province, or from a different country, they are required to register for Saskatchewan health benefits. One of the most important pieces of identification they will need to add to their wallets is a Saskatchewan Health Card to ensure they have health coverage.

Since health registration services moved to eHealth from the Ministry of Health in 2014, residents have only had to visit one location, or simply go online, to take care of their Health Card and vital event certificate needs. At 2130 11th Avenue, Regina, Saskatchewan, eHealth's friendly customer service team assists customers with renewing, replacing or applying for a Health Card, as well as applying for vital certificates of births, deaths and marriages.

Health Registries: Change in Practice

In 2016, Health Registries staff processed more than 690,000 health registration and vital event work items. Some of these work items include changing a client address, registering the birth of a baby, processing a certificate order and registering a new Saskatchewan resident for provincial health coverage. Processing these work items is a team effort, requiring work from call centre employees, front counter staff and production area workers. The team works to maintain a client-centered approach, which means low wait-times on the phone and quick production turnaround times. In 2016, the Health Registries call centre was able to maintain a call abandon rate of less than five per cent, even with call volumes at 1,000 calls per day or greater. Turn-around for online applications and certificate orders was maintained at two to five business days, while paper applications were maintained at five to 10 business days.

After reviewing some orders that took longer than usual to complete, the team realized that contacting clients directly about their applications was contributing to those longer turn-around times. The mailing of a generic, and somewhat ambiguous letter, often led to increased turn-around due to mailing times, miscommunication or misunderstanding of what was needed to complete the application. In order to be more client-centered, Standard Work was created that has the team call the client first and speak directly with them to rectify the issue. If the employee is unable to reach the client over the phone, a letter is mailed out as a final attempt. The hope is that more real-time communication will improve turn-around times on applications that would have otherwise sat for weeks awaiting a reply.

Customer Service Training and Monitoring

With upwards of 250,000 calls received every year, 650,000 work items processed every year and more than 25,000 people visiting eHealth's front counter every year, our employees deal with a variety of clientele with many different requests and issues to solve. We understand that excellent customer service is not something that comes naturally to everyone. That's why, in 2016, a Customer Service training program was created for all Health Registries staff—both current and new—to participate in and learn the skills needed for navigating through difficult customer situations.

With help from eHealth's Knowledge Team, focus groups made up of front-line staff, supervisors and managers were held to address perceived gaps in their customer service knowledge. The Knowledge Team took those suggestions and incorporated them into a training module for Health Registries staff, which will be implemented in 2017.

Health Registries will also be adding a Customer Satisfaction rating to the end of every phone call, where the client can rate the level of Customer Service they just received, or be transferred to a supervisor to relay their positive or negative experience.

More Efficient Process for Completing Medical Certificates of Death

As of January 1, 2016, prescribed practitioners, which includes nurse practitioners, are now able to complete the Certificate of Death. This change in legislation has reduced delays for customers requiring Medical Certificate of Death for their loved ones.

BY THE NUMBERS

HEALTH CARDS

31,953
Number of people who registered for health coverage in 2016-17, according to Health Registries

↑ *an increase of 1,216 from last fiscal year*

701
Average number of calls handled per day

14,738
Number of Health Card applications submitted online

↑ *an increase of 1,472 from last fiscal year*

VITAL EVENTS REGISTERED

April 1, 2016 – March 31, 2017

17,859 Births
↑ *An increase of 2,359 from last year*

9,828 Deaths
↑ *An increase of 408 from last year*

6,258 Marriages
↑ *An increase of 1,269 from last year*

114 Stillbirths
↓ *Decrease of two from last year*

34,059 Total
↑ *An increase of 4,034 from last fiscal year*

VITAL EVENTS CERTIFICATES ISSUED

April 1, 2016 – March 31, 2017

41,263 Births
↓ *A decrease of 11,710*

4,497 Deaths
↓ *A decrease of 1,602 from last year*

5,994 Marriages
↓ *A decrease of 2,000 from last year*

1 Stillbirth
↓ *A decrease of 32 from last year*

18,081
Number of certificate applications submitted online

51,755 Total
↓ *A decrease of 15,344 from last fiscal year*

STRATEGY, QUALITY & RISK MANAGEMENT

Strategy, Quality and Risk Management

Strategic Planning

eHealth is committed to delivering initiatives to advance the outcomes and targets of the Saskatchewan health system while continuing to improve the ability to deliver quality health care through IT solutions. In 2016-17, eHealth integrated a strategic planning process with Portfolio Management methodologies to develop a focused delivery plan.

Data and Analytics

eHealth continued to respond to increased demand by health care providers, system administrators and policy makers for timely access to quality, reliable information and analytics to improve system delivery and patient care. Efforts this year focused on improving self-service access to analytic reporting tools, creating an inventory of health data holdings to improve access and privacy as well developing a robust data quality strategy to help enhance patient safety and data reliability.

Legal and Policy/Information and Records Management

Legal and Policy continued to support all lines of business at eHealth. This support includes contract drafting and negotiation, registries escalations, data sharing agreements, governance and human resource matters. As well, numerous corporate policies were developed.

Information and Records Management's (IRM) focus for the 2016-17 fiscal year was directed at collecting the types of information assets that eHealth possesses. This was necessary to lay the ground work for the drafting of a Records Classification and Retention Schedule for the organization. In the area of physical records management, throughout the past year, IRM has been working to improve its physical records management processes to create a more efficient and user-friendly process. The process, tools and standards will be rolled out to the entire organization in 2017, providing automation as a means to collect and manage the inactive physical inventory. In addition, IRM has eliminated the backlog of physical records that have met retention requirements.

Enterprise Risk Management – Privacy, Security, Access and Patient Safety

eHealth Saskatchewan takes its responsibility to keep people's health information private and secure very seriously. This responsibility becomes even more important with the daily increase in the number of patients and providers who depend on eHealth's clinical information systems.

The 2016-17 fiscal year saw a number of changes introduced to the provincial health care sector. As health care delivery changes within the province, more and more providers will depend on our provincial clinical information systems to directly support patient care. That's why we are focusing our efforts on ensuring that providers and citizens trust the confidentiality, integrity and availability of the electronic health record (EHR). We continue to make improvements to the EHR, so that the necessary health information is available to the right providers, at the right time, and for the right care. The organization also continues to improve our enterprise risk practices around privacy, security and patient safety programs.

Continued on Next Page

STRATEGY, QUALITY & RISK MANAGEMENT

The 2016-17 fiscal year also saw eHealth conduct its first Disaster Recovery test of a critical clinical system. eHealth understands that a strong disaster recovery plan is required to ensure uninterrupted information flow to health care providers across the province. That's why we made investments in our Northern and Southern Data Centres. Both centres were designed and built with business continuity and disaster recovery in mind. The centres are a significant distance apart from each other and boast the internationally-recognized Tier III data centre status—meaning ample physical security and redundancy. eHealth continues its work to identify its most critical systems to ensure each centre is mirrored, allowing one to support the other if an unplanned outage occurs, or if disaster strikes. Plans are in place to continue testing the most critical systems in 2017-18.

Globally, malware attacks against health care organizations were an alarming trend in 2016-17. eHealth's Enterprise Security Services team developed a strategy for malware prevention and response, outlining key controls that health organizations need to deploy to mitigate the risk of attack. The implementation of the strategy has been positive, as a number of regions experienced attacks that were successfully deflected.

In addition, eHealth's Privacy, Access, and Patient Safety team continued to expand the electronic Provincial Privacy Audit and Monitoring (ePPAM) service that was built last year. ePPAM monitors and produces reports on when providers access electronic health record systems–enabling regional privacy officers to both proactively and reactively respond to privacy breaches. The privacy audit system also uses data analytics and business intelligence to identify abnormalities, saving valuable time when conducting investigations.

Patient safety continues to be a priority for eHealth. In 2015-16, eHealth approved its patient safety policy, which laid the foundation for us to build a patient safety framework and program. We began work on the patient safety framework and program in 2016-17 and that work is expected to be complete by the end of 2017. The framework will help guide the way health care providers make clinical decisions when using electronic systems, which will play a significant role to help prevent mistakes from happening. In 2016-17, eHealth employees participated in Canadian Patient Safety Week, where fun and informative events were held throughout the organization.

eHealth continues to remain connected and act as leader in the provincial and national security and privacy fields. eHealth does this through its active involvement with the Saskatchewan Healthcare Privacy and Security Forums, Canada Health Infoway's Health Information Privacy Forum, the Government of Saskatchewan Security Officer Forum, and as a provincial and national member of the Critical Infrastructure Advisory Network.

BY THE NUMBERS

534 requests

were made to the eHealth Privacy Service in 2016-17.

↑ *This is up from 475 requests in 2015-16*

81 requests

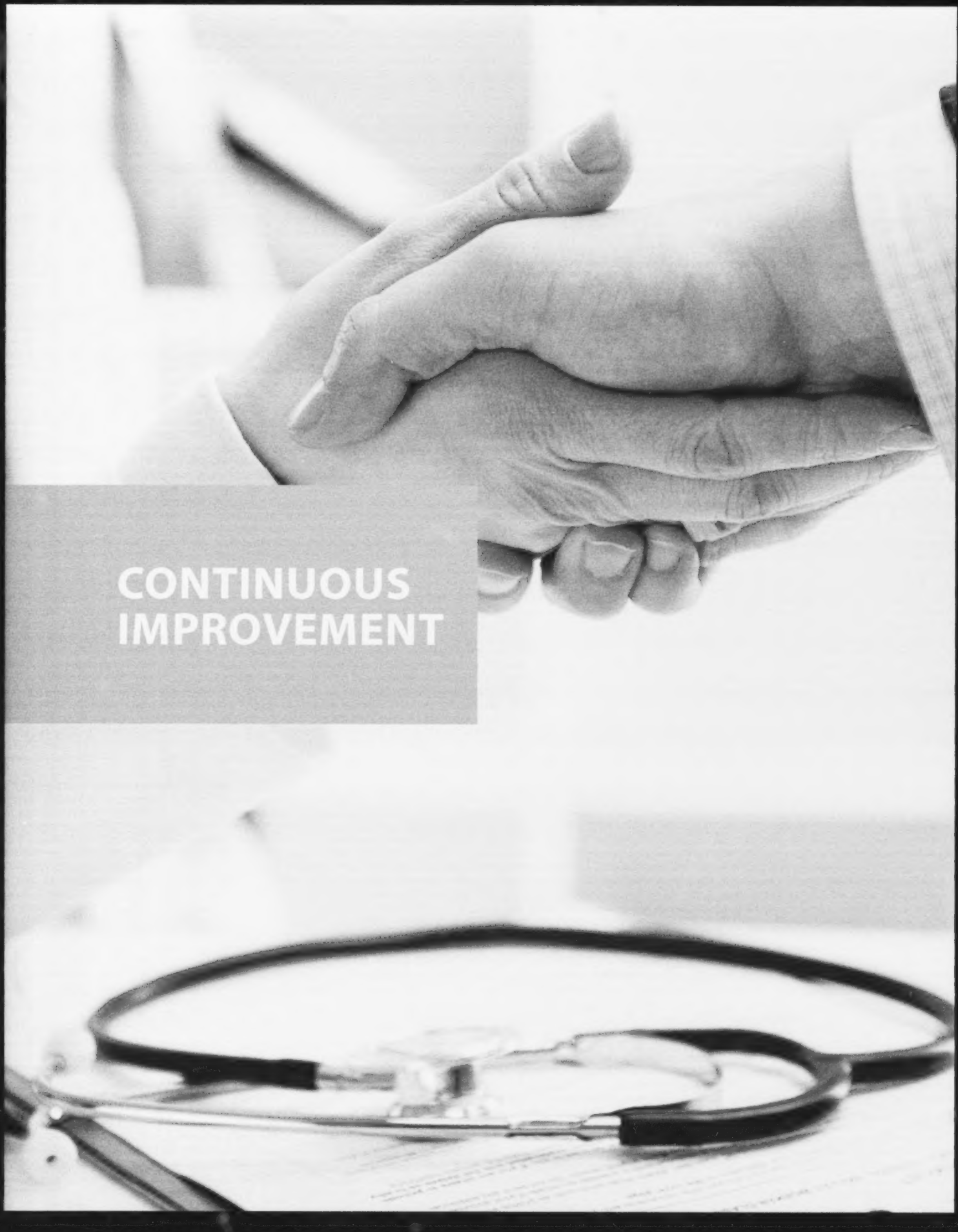
for personal health information were made in the eHR Viewer.

↑ *This is double the number of requests from the previous year*

346 patients

requested to have their health record masked in eHR Viewer and one patient requested a full block to their record.

↓ *This is a decrease from the previous year*



CONTINUOUS IMPROVEMENT

CONTINUOUS IMPROVEMENT

Continuous Improvement

eHealth's Continuous Improvement team launched in November 2012. A large focus of the Continuous Improvement team is assisting eHealth in building capacity by providing training and coaching to the organization on improvement methodology and application. By the end of 2016-17, 92 per cent of eHealth's leaders were certified as improvement leaders, or were participating in eHealth's continuous improvement leaders training. The current 15 participants will be certified by June 2017.

eHealth's focus throughout the 2016-17 fiscal year was sustainability. As such, eHealth employees came up with an impressive number of ideas for quality improvement and innovation—more than a 1,000 were entered! Their interesting and creative ideas led to many improvements, big and small, throughout the organization. On top of that, employees continued to do their part to improve and advance health care programs and services that directly benefit the people of Saskatchewan.

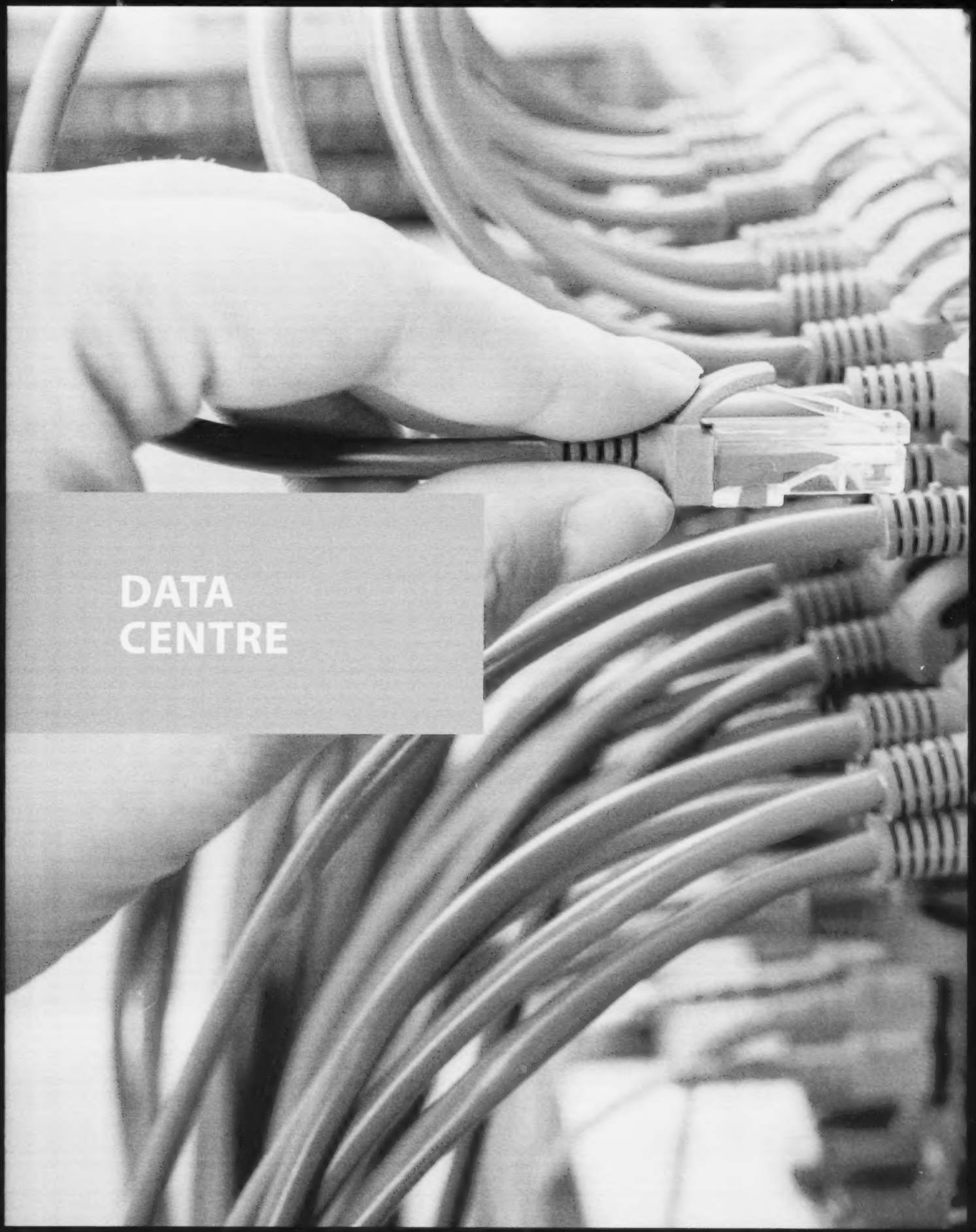
eHR Viewer Optimization Workshop

The Continuous Improvement team worked in collaboration with the Change and Transition team to lead a two-day eHR Viewer Optimization Workshop on November 23rd and 24th, 2016 in Regina. This workshop brought health care providers together from across the province to help improve eHealth's Electronic Health Record Viewer (eHR Viewer). Any improvements made to the Viewer will mean better care for Saskatchewan patients.

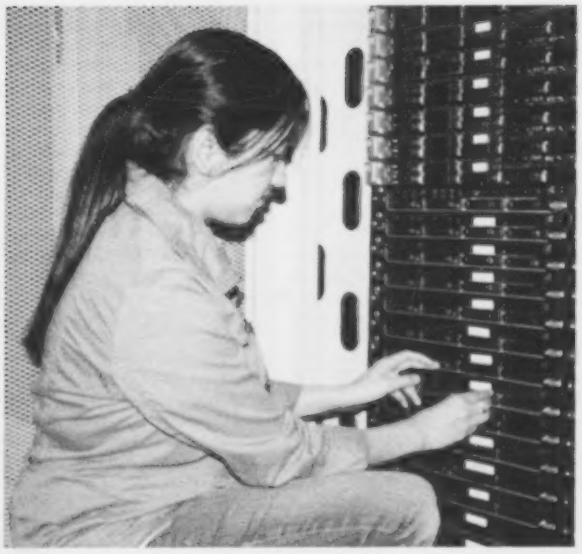
The two-day workshop was attended by 14 Peers, including three Physician Peers, four Nurse Peers, four Pharmacist Peers and three Medical Office Assistant Peers who shared their experience, knowledge and skills. Each Peer also brought an invited guest of the same profession who had experience using the eHR Viewer. Plus, four members of the public attended the workshop as well.

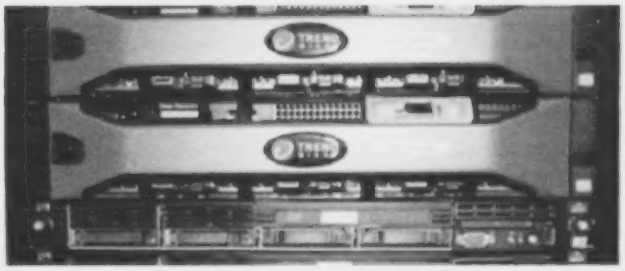
Both Peers and invited guests brought forward a number of recommendations that generated a variety of ideas. As a result of these ideas, eHealth already redesigned the eHR Viewer Quick Start and Privacy videos and created an eHR Viewer marketing one-pager that promotes the program and its benefits.

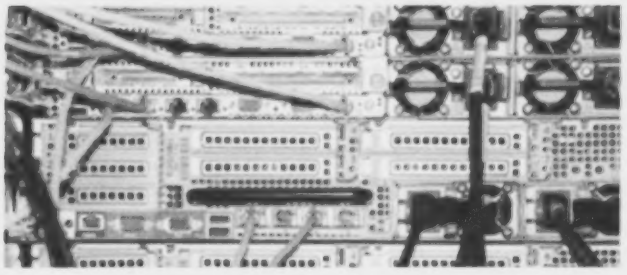
Overall, the workshop was a success! It was a great opportunity for Peers, patients and staff to hear each other's ideas and discuss potential improvements to the eHR Viewer. The workshop also gave Peers an opportunity to help each other troubleshoot and share tips on using the eHR Viewer.


DATA
CENTRE

DATA CENTRE







Data Centre

The 2016-17 fiscal year is the third year in a multi-year program to update and modernize eHealth's data centres. A data centre is a secure building that has multiple backup layers. These layers include two sources of electricity and diesel generators. Even the building's environment has controls in place for humidity and temperature. All of these parts work together to make delivering health care services safe and secure.

eHealth spent two years finalizing construction and completing the installation of all physical storage and network components in both north and south facilities. 2016-17 saw the completed migration of all eHealth Saskatchewan IT services into the new facilities.

The multi-year program around the data centres is designed to unlock new capabilities that are leaner, faster and more reliable. The entire project is focused on ensuring:

- Continued access to critical patient information across the health system;
- Improved disaster recovery for the clinical information services that eHealth provides to the health system; and
- Modernization of the infrastructure and security supporting these systems.

Furthermore, thanks to help from our regional partners, eHealth successfully moved all of its applications to the new eHealth Data Centre in 2016-17.

Why this is Important: Timely access to patient information leads to improved patient outcomes.

The upcoming fiscal year will see continued focus on technologies to ensure the seamless delivery of electronic health care services. These application changes will help guarantee that eHealth's services and data—which is patient data—are replicated across both data centres, as well as ensure their protection from natural disasters, power failures or equipment failures at either facility.

SERVICE
DESK

SERVICE DESK

Service Desk

eHealth's Service Desk supports more than 79,000 customers in the province, including health care providers from all fields of specialization in Saskatchewan. Those customers use nearly 200 clinical and administration systems and services within the provincial health care system to provide high quality health care to patients across Saskatchewan. The Service Desk's hardworking staff are always available to assist customers whenever they have questions or need help with their health care programs or services.

The Service Desk receives approximately 500 phone calls and 150 emails and faxes every day during the week. Plus, the team supports critical services 24/7, in cooperation with its support partners within eHealth, as well as in the various regions.

The 2016-17 fiscal year saw the Service Desk sustain many of the successful process changes made in late 2015 that dramatically improved customer service and responsiveness. In 2016, the continuous improvement focus was applied to customer incident and request records to ensure they are being resolved or delivered within targeted timeframes. This focus has enabled the Service Desk to realize significant efficiency gains in areas such as access management and account maintenance. The Service Desk was able to improve the "Time to Action" metric in these areas by 48 per cent, improving how quickly customer requests are actioned. In addition, the amount of aged requests was decreased by 42 per cent. This focus and improvement has helped the eHealth Service Desk improve its customer service and meet targets for delivery.

The Service Desk experienced a one per cent decrease in customer contacts this fiscal year, while the total number of customers who have access to the Service Desk increased by 11 per cent. The decrease can be accredited to the improvements in responsiveness that the Service Desk has been able to maintain. Our goal is for each call to be answered during their first attempt, rather than customers having to phone multiple times to receive service.

The Service Desk provides front line Information Technology (IT) support to customers, including:

- All Saskatchewan health regions
- College of Physicians and Surgeons
- College of Pharmacists
- Saskatchewan Cancer Agency
- Department of Family Medicine at the College of Medicine
- Saskatchewan Registered Nurses Association
- 3sHealth
- Ministry of Health
- Other provincial ministries, private labs, private clinics, and pharmacies

BY THE NUMBERS

79,474
Customers who have access to the Service Desk
↑ *An increase of 8,909 (11.2 per cent) from last fiscal year*

167,198
Number of incidents/requests logged
↓ *A decrease of 2,234 (1.34 per cent) from last fiscal year*

77,700
Number of incidents resolved by the Service Desk

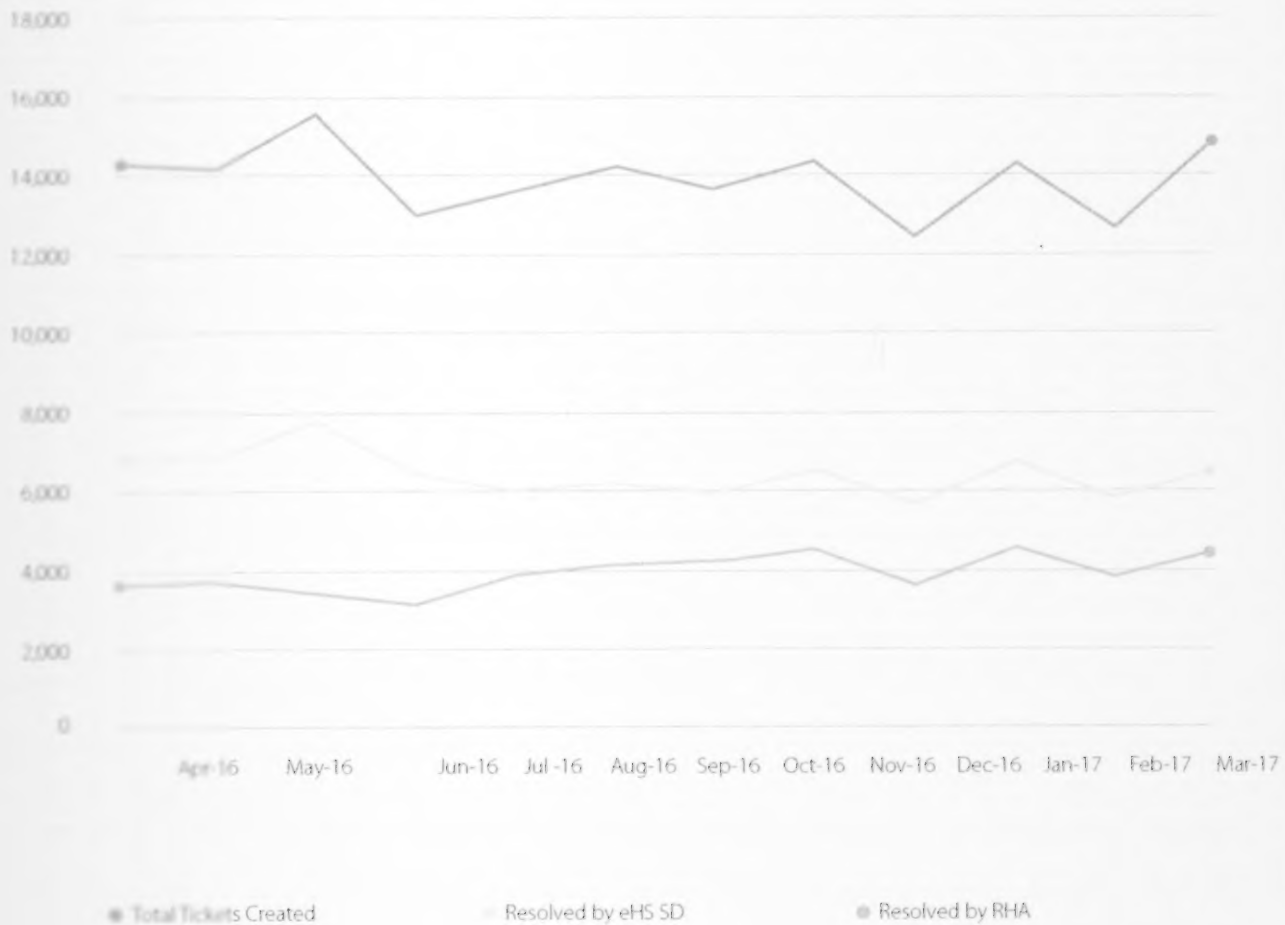
50,134
Number of incidents resolved by Regional Personnel

105,109
Total calls received by the Service Desk

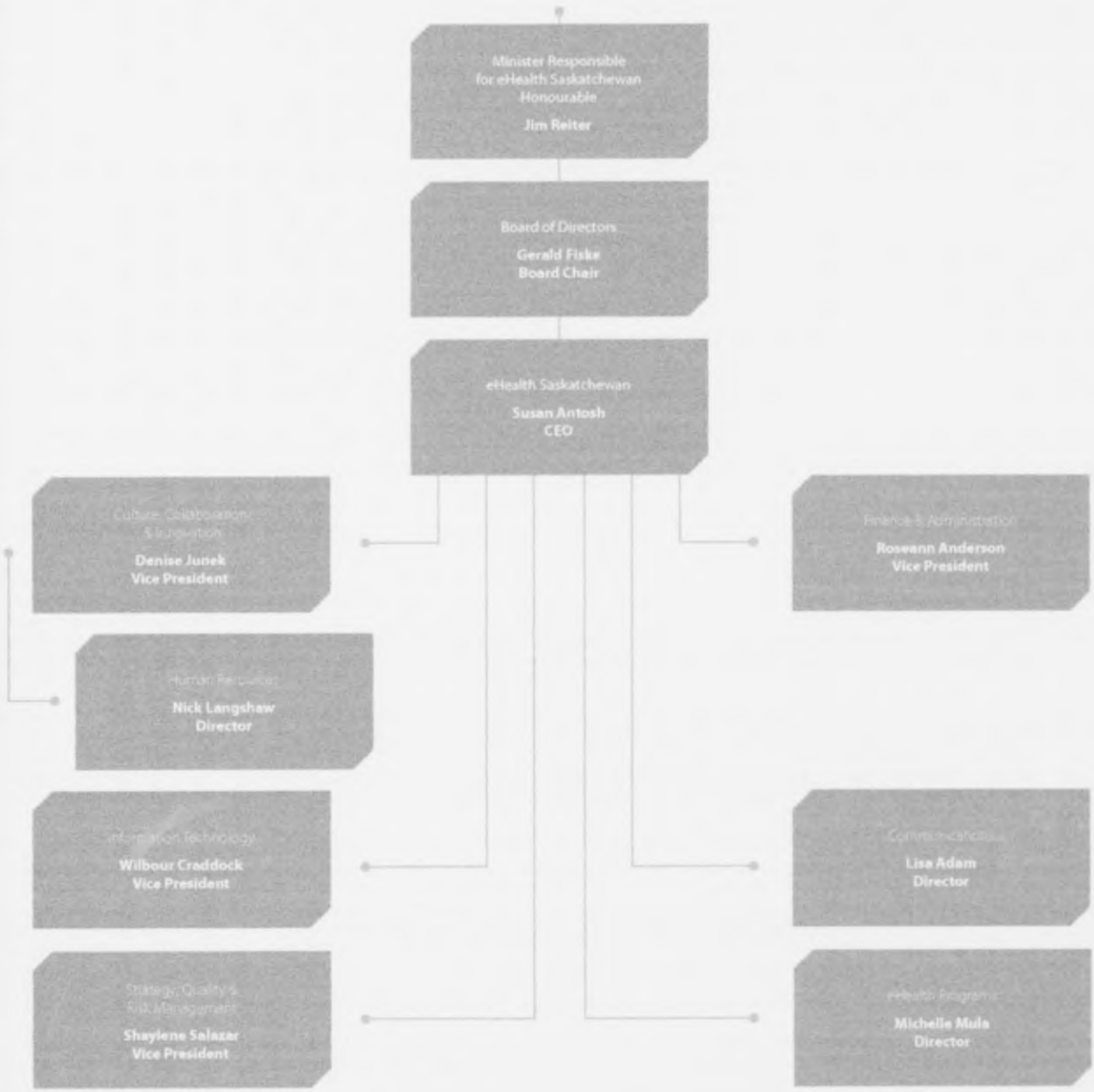
1.77
Per cent average abandon rate

89.59
Per cent average grade of service

TOTAL TICKETS CREATED AND RESOLVED



ORGANIZATION CHART



2016 - 17 FINANCIAL STATEMENTS

FINANCIAL STATEMENTS

MANAGEMENT'S RESPONSIBILITIES

The accompanying financial statements included in the Annual Report for the year ended March 31st, 2017, are the responsibility of management.

Management has prepared these financial statements in accordance with the Canadian public sector accounting standards, consistently applied using management's best estimates and judgments where appropriate.

The eHealth Saskatchewan Board of Directors is responsible for overseeing the business affairs of the corporation and also has the responsibility for approving financial statements. The Board fulfills these responsibilities by reviewing financial information prepared by management and discussing the relevant matters with management and external auditors.

Management maintains a system of internal controls to ensure the integrity of information that forms the basis of the financial statements. The internal controls provide reasonable assurance that transactions are recorded and executed in compliance with legislation and required authority; that assets are properly safeguarded; and that reliable records are maintained.

The Provincial Auditor of Saskatchewan has audited the financial statements. Her report to the members of the Legislative Assembly precedes the financial statements.

Susan Antosh

Susan Antosh
Chief Executive Officer

R Anderson

Roseanne Anderson, CPA, CMA
VP, Finance and Administration

PROVINCIAL AUDITOR
of Saskatchewan

INDEPENDENT AUDITOR'S REPORT

To: The Members of the Legislative Assembly of Saskatchewan

I have audited the accompanying financial statements of eHealth Saskatchewan, which comprise the statement of financial position as at March 31, 2017, and the statements of operations, changes in net debt and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for Treasury Board's approval, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the financial statements present fairly, in all material respects, the financial position of eHealth Saskatchewan as at March 31, 2017, and the results of its operations, changes in net debt, and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Judy Ferguson

Regina, Saskatchewan
June 23, 2017

Judy Ferguson, FCPA, FCA
Provincial Auditor

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w www.auditor.sk.ca

eHealth Saskatchewan
Statement of Financial Position
as at March 31
($000s)

	2017	2016
Financial Assets		
Due from General Revenue Fund (Note 3)	$ 6,275	$ 1,900
Receivable from Ministry of Health	800	1,012
Other Accounts Receivable	6,632	6,483
	13,707	9,395
Liabilities		
Accounts Payable & Accrued Liabilities	7,384	6,001
Accrued Salaries & Benefits	1,606	1,245
Accrued Vacation	683	1,011
Deferred Revenue (Note 12)	899	255
Obligations Under Capital Leases (Note 11)	22,315	17,711
	32,887	26,223
Net Debt (Statement 3)	$ (19,180)	$ (16,828)
Non-Financial Assets		
Tangible Capital Assets (Note 6)	35,051	40,180
Prepaid Assets	4,944	5,816
	39,995	45,996
Accumulated Surplus (Statement 2)	$ 20,815	$ 29,168

Commitments (Note 7, Note 10 and Note 14)

(See accompanying notes to financial statements)

eHealth Saskatchewan
Statement of Operations
for the Year ended March 31
($000s)

	Budget 2017 (Note 4)	2017	2016
Revenue			
Ministry of Health Funding			
GRF Grant	$ 64,337	$ 64,533	$ 61,937
Other Ministry of Health Revenue	5,974	12,836	9,631
Canada Health Infoway Funding	535	563	1,205
Recoveries / Other	17,124	12,695	11,345
Total Revenue	87,970	90,627	84,118
Expenses			
Amortization	19,000	16,550	15,615
Business Relations	25,949	28,332	31,564
Finance and Administration	11,491	10,928	9,466
Board and Executive Office	1,666	795	1,777
Information Technology	34,805	34,630	33,661
Risk and Strategy Management	8,431	7,745	9,002
Total Expenses (Schedule 1)	101,342	98,980	101,085
Annual Deficit (Statement 3)	$ (13,372)	$ (8,353)	$ (16,967)
Accumulated Surplus, at beginning of year		29,168	46,135
Accumulated Surplus, at end of year (Statement 1)		$ 20,815	$ 29,168

(See accompanying notes to financial statements)

eHealth Saskatchewan
Statement of Change in Net Debt
for the Year ended March 31
($000s)

	Budget 2017 (Note 4)	2017	2016
Annual Deficit (Statement 2)	$ (13,372)	$ (8,353)	$ (16,967)
Acquisition of Tangible Capital Assets	0	(11,420)	(18,132)
Amortization of Tangible Capital Assets	19,000	16,550	15,615
	19,000	5,130	(2,517)
Use (Acquisition) of Prepaid Assets	(500)	871	750
	(500)	871	750
Increase in Net (Debt) / Financial Assets	$ 5,128	$ (2,352)	$ (18,734)
Net (Debt) / Financial Assets, beginning of year	(15,315)	(16,828)	1,906
Net Debt end of year (Statement 1)	$ (10,187)	$ (19,180)	$ (16,828)

(See accompanying notes to financial statements)

eHealth Saskatchewan
Statement of Cash Flows
for the Year ended March 31
($000s)

	2017	2016
Cash Flows From Operating Activities		
Cash Receipts	$ 91,334	$ 87,628
Cash Paid To Suppliers And Others	(80,142)	(85,077)
Increase in Operating Activities For The Year	11,192	2,551
Cash Flows From Capital Activities		
Purchase Of Tangible Capital Assets (Note 6)	(11,420)	(18,132)
Decrease In Capital Activities For The Year	(11,420)	(18,132)
Cash Flows From Financing Activities		
Net Change in Obligations Under Capital Leases	4,603	14,379
Increase In Financing Activities For The Year	4,603	14,379
Net Decrease In Due From General Revenue Fund	$ 4,375	$ (1,202)
Due From General Revenue Fund, Beginning Of The Year	1,900	3,102
Due From General Revenue Fund, End Of The Year (Statement 1)	$ 6,275	$ 1,900

(See accompanying notes to financial statements)

FINANCIAL STATEMENTS

eHealth Saskatchewan
Notes to the Financial Statements
for the year ended March 31, 2017
($000s)

1. **Description of Business**

Saskatchewan Health Information Network (SHIN) was established as a Treasury Board Crown Corporation by Order in Council 581/1997 under the provisions of *The Crown Corporations Act, 1993* (Act) effective August 19, 1997.

SHIN was renamed to eHealth Saskatchewan by Order in Council 734/2010.

eHealth Saskatchewan (eHealth) was created to design, implement, own, operate, and manage a provincial health information network. eHealth's purpose is to foster the development of the health information technology sector, to foster re-engineering of health delivery processes and to protect health information as a strategic resource.

2. **Significant Accounting Policies**

Pursuant to standards established by the Public Sector Accounting Board (PSAB) and published by Chartered Professional Accountants (CPA) Canada, eHealth is classified as an other government organization. eHealth uses Canadian public sector accounting standards to prepare its financial statements. A statement of remeasurement gains and losses has not been presented in these financial statements because all financial instruments carrying value approximates their fair value. The following principles are considered to be significant:

a) The Basis of Accounting
The financial statements are prepared on the accrual basis of accounting.

b) Revenue
Government transfers are recognized as revenue in the period the transfer is authorized and any eligibility criteria are met. Other revenue is recognized in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

c) Expenses
Expenses represent the cost of resources consumed for operations during the year. Expenses include provision for the amortization of tangible capital assets.

d) Pension Plan

Employees of eHealth Saskatchewan participate in the Public Employees' Pension Plan (PEPP) (Note 8) - This is a defined contribution plan. eHealth's financial obligation to the plan is limited to making the required payments to this plan according to the PEPP agreement. eHealth's contribution to this plan is 7.6%. Pension expense is included in Salary & Benefits in Schedule 1.

e) Tangible Capital Assets
Tangible capital assets are recorded at cost and are amortized over their useful life. Leased assets are amortized over the life of the lease. Amortization is recorded, commencing with the quarter after the assets are placed into service, on a straight-line basis at the annual rates set out below:

Hardware, Software & System Development costs	20% to 33%
Office Furniture & Equipment	10% to 20%

f) Non-financial assets
Tangible capital and other non-financial assets are accounted for as assets because they can be used to provide services in future periods. These assets do not normally provide resources to discharge liabilities unless they are sold.

g) Measurement Uncertainty
The preparation of financial statements in accordance with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amount of financial assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amount of revenues and expenses during the reporting period. These estimates are reviewed periodically, and, as adjustments become necessary, such adjustments are reported in earnings in the period in which they become known. Significant items that require estimates include amortization and accrued liabilities.

3. **Due from the General Revenue Fund**

Earned interest is calculated and paid by the General Revenue Fund on a quarterly basis into eHealth's bank account using the Government's thirty-day borrowing rate and eHealth's average daily account balance. The Government's average thirty-day borrowing rate in 2017 was 0.54% (2016 - 0.60%).

4. **Budget Approval**

eHealth's budget was approved by the Board on June 28, 2016.

5. Accumulated Surplus

eHealth's accumulated surplus of $20,815 in 2017 (2016-$29,168) is made up of: tangible capital assets not fully amortized ($35,051); lease obligations $22,315 and; designated assets held for specific purposes ($4,725). eHealth's accumulated surplus after adjusting for the items previously identified is $3,354.

6. Tangible Capital Assets

	March 31, 2017							March 31, 2016
	Desktop Hardware	Data Centre Hardware	Computer Software	Office Furniture & Equipment	System Development Costs	Work in Progress System Development	Total	Total
Opening Cost	$ 13	$ 28,906	$ 11,825	$ 3,043	$ 155,906	$ 5	$ 199,698	$ 181,566
Additions During the Year	-	11,420	-	-	5	(5)	11,420	18,132
Disposals	(7)	(4,791)	(5,780)	-	(2,652)	-	(13,230)	-
Closing Cost	6	35,535	6,045	3,043	153,259	-	197,888	199,698
Opening Accumulated Amortization	12	9,564	9,295	743	139,904	-	159,518	143,903
Annual Amortization	1	8,238	1,727	321	6,263	-	16,550	15,615
Disposals	(7)	(4,792)	(5,780)	-	(2,652)	-	(13,231)	-
Closing Accumulated Amortization	6	13,010	5,242	1,064	143,515	-	162,837	159,518
Total Tangible Capital Assets	**$ -**	**$ 22,525**	**$ 803**	**$ 1,979**	**$ 9,744**	**$ -**	**$ 35,051**	**$ 40,180**

7. Maintenance Agreements for Software

eHealth has several agreements with software vendors to provide maintenance for software that has been purchased by eHealth. A total of $24,716 was spent in 2017 (2016 - $21,496). This arrangement will likely continue into the future.

8. Related Parties

These financial statements include routine transactions with related parties. eHealth is related to all Saskatchewan Crown agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. Related party transactions to March 31, 2017, include the following:

	2017	2016
Revenue		
Health Shared Services Saskatchewan (3S Health)	140	78
Regional Health Authorities	9,461	7,827
Saskatchewan Association of Health Organizations	3	-
Saskatchewan Cancer Agency	294	120
Saskatchewan Ministry of Finance	32	60
Saskatchewan Ministry of Health	77,369	71,568
Saskatchewan Workers' Compensation Board	230	-
	$ 87,529	$ 79,653
Accounts Receivable		
Health Quality Council	-	1
Health Shared Services Saskatchewan (3S Health)	117	48
Regional Health Authorities	4,029	4,445
Saskatchewan Cancer Agency	76	40
Saskatchewan Ministry of Finance	10	8
Saskatchewan Ministry of Health	800	1,012
	$ 5,032	$ 5,554
Expenditures		
Health Shared Services Saskatchewan (3S Health)	335	399
Other	42	104
Public Employees - Dental Plan	360	322
Public Employees - Disability Income Plan	110	110
Public Employees - Extended Health Care Plan	624	555
Public Employees - Group Life Insurance Plan	170	137
Public Employees Pension Plan	3,855	3,628
Regional Health Authorities	3,723	3,795
Saskatchewan Ministry of Central Services	178	617
Saskatchewan Workers' Compensation Board	316	205
Saskatchewan Ministry of Health	184	-
Ministry of Justice	212	-
SaskEnergy	35	41
SaskPower	215	185
SaskTel	7,793	8,669
	$ 18,155	$ 18,767
Accounts Payable		
Health Shared Services Saskatchewan (3S Health)	21	30
Other[1]	2	1
Public Employees Pension Plan	-	13
Regional Health Authorities	248	169
Saskatchewan Ministry of Central Services	59	89
Saskatchewan Ministry of Health	184	-
Saskatchewan Ministry of Justice	1	-
Saskatchewan Workers' Compensation Board	141	147
SaskPower	28	-
SaskEnergy	5	-
SaskTel	921	622
	$ 1,610	$ 1,091

Other transactions with related parties and amounts due to/from them are described separately in the financial statements and the notes thereto.

Routine operating transactions with related parties are recorded at the rates charged by those organizations and are settled on normal trade terms. In addition, eHealth pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases.

[1] Other Expenditures include Health Quality Council, Queen's Printer Revolving Fund, Saskatchewan Government Insurance, Saskatchewan Archives Board, Saskatchewan Polytechnic, University of Regina, and University of Saskatchewan.

9. Financial Instruments

eHealth's financial instruments include due from the General Revenue Fund, accounts receivable and accounts payable. The carrying amount of these instruments approximates fair value due to their short term nature. These instruments have minimal interest, market, liquidity or credit risk.

10. Operating Leases

eHealth has entered into a lease agreement with Primaris for office space expiring March 31, 2023. eHealth has agreements with Fujitsu Consulting expiring January 1, 2024 and Sentrel expiring December 31, 2025 for data centre space. eHealth currently has 1 lease with Macquarie Equipment Finance for desktop computer equipment. The operating lease payments for the next 8 years are as follows:

2018	$ 2,676
2019	2,757
2020	2,777
2021	2,795
2022	2,817
2023	2,837
2024	666
2025	666
2026	500
Total Lease Payments	$ 18,492

11. Capital Leases

eHealth currently has one capital lease on office furniture and 46 capital leases for computer hardware. Capital lease obligations are recorded at the present value of the minimum lease payments excluding executory costs. The minimum annual lease payment for the capital leases over the remaining years is as follows:

2018	$ 8,775
2019	8,497
2020	6,876
2021	2,697
2022	269
Total	27,114
Less Interest	1,013
Net	26,101
Less Maintenance	3,786
Total Obligation	$ 22,315

12. Deferred Revenue

As of March 31, 2017, eHealth's deferred revenue balance is $888 (2016 - $255). Deferred revenue is only used once all project planning and due diligence (including stakeholder readiness) is completed and other revenue opportunities are maximized. Deferred revenue consists of unspent amounts provided by the Project Management Board of the Provider Registry System from Alberta, Saskatchewan, Newfoundland and Ouebec as well as from the Saskatchewan Centre for Patient Oriented Research (SCPOR).

Deferred Revenue	April 1, 2016	2016-17 Expenditures	Amounts Received	March 31, 2017
Provider Registry Host Agency	$ 255	$ 252	$ 210	$ 213
SPCOR	-	107	793	686
Total Deferred Revenue	$ 255	$ 359	$ 1,003	$ 899

13. Designated Assets

eHealth's designated assets represent Ministry of Health funding committed to developing information technology systems that support frontline delivery and improve access, quality and efficiency of care. eHealth's designated asset balance as at March 31, 2017 is $4,725 (2016 - $3,370). In 2016-17, the designated assets consist of a combination of cash and accounts receivable. eHealth's Board of Directors has approved the following designated assets in 2016-17:

Designated Assets	April 1, 2016	2016-17 Expenditures	Amounts Received	March 31, 2017
Drug Plan System Enhancements	$ 154	$ 2	$ -	$ 154
Community System Enhancements	899	679	190	$ 411
Physician Payment System Enhancements	251	211	-	$ 40
Saskatchewan Surgical Initiatives	499	213	-	$ 286
Chronic Disease Management	1,430	292	168	$ 1,306
Strategy & Innovation	135	3,512	4,880	$ 1,503
Population Health	-	-	25	$ 25
eHealth Saskatchewan	-	-	1,000	$ 1,000
Total Designated Assets	$ 3,370	$ 4,909	$ 6,263	$ 4,725

14. Commitments

As of March 31, 2017, eHealth is committed to technical support for internal and regional IT systems totaling $109,013 (2016 - $80,795). The following table outlines the funds dedicated for capital and operational expenditures over the remaining years as follows:

2018	$ 29,109
2019	25,077
2020	22,982
2021	19,299
2022	9,293
Thereafter	4,253
Total Commitment	$ 109,013

Schedule 1

eHealth Saskatchewan
Schedule of Expenses by Object
for the Year ended March 31
($000s)

	2017	2016
Amortization	$ 16,550	$ 15,615
Board	37	26
Cabling	26	35
Communications	674	631
Community Net	6,183	6,610
Electrical	2	-
Facilities	646	548
Hardware	626	853
Hardware Maintenance	1,005	441
Insurance	52	36
Leases	1,127	754
Legal	276	304
Membership	148	297
Miscellaneous	448	373
Office Supplies	589	884
Parking	332	479
Professional Fees	10,137	14,544
Rent	2,928	3,169
Salary & Benefits	30,901	30,820
Software License	1,093	2,554
Software Maintenance	24,716	21,496
Telephone	223	280
Travel	261	336
	$ 98,980	**$ 101,085**

NOTES

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